Census 2000 Puerto Rico

U.S. Department of Commerce Bureau of the Census



This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs — today and in the future!

Start Here Please use a black or blue pen.

How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?

Number of people

INCLUDE in this number:

- foster children, roomers, or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while
- working, even if they have another place to live

DO NOT INCLUDE in this number:

- college students living away while attending college
- people in a correctional facility, nursing home, or
- mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time

Refer to the address label on this page. If that address is NOT the MAILING address of this residence, print the mailing address below. House number

Development/condominium name; Street or road name, Rural route and box, or PO box

Apartment number
City
State
ZIP Code

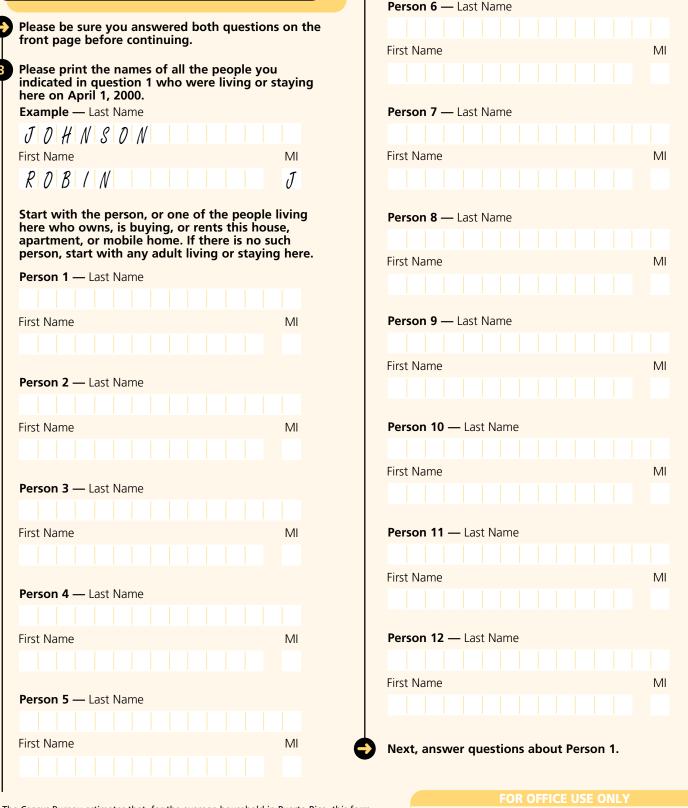
Please turn the page and print the names of all the people living or staying here on April 1, 2000.

If you need help completing this form, call 1–800–471–9424 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

TDD – Telephone display device for the hearing impaired. Call 1–800–582–8330 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

¿NECESITA AYUDA? Si usted necesita ayuda para completar este cuestionario llame al 1–800–471–8642 entre las 8:00 a.m. y las 9:00 p.m., 7 días a la semana. La llamada telefónica es gratis.

List of Persons



The Census Bureau estimates that, for the average household in Puerto Rico, this form will take about 48 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0858, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

A. JIC1 B. JIC2 C. JIC3 D. JIC4

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

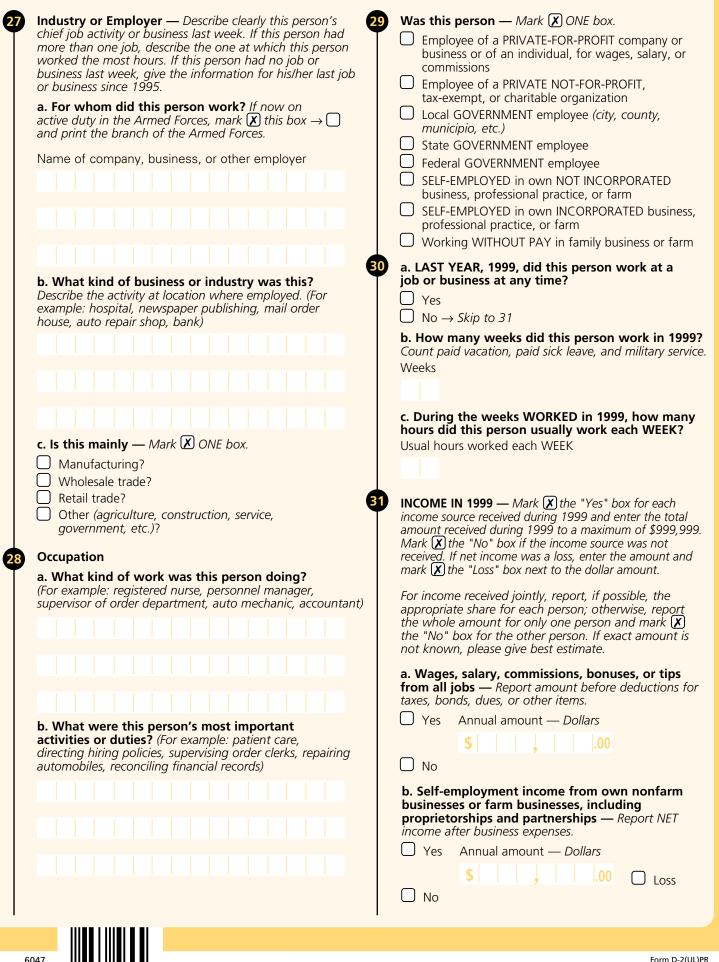
| Person Vour answers are important! Every person in the Census counts. | What is this person's race? Mark ∑ one or more races to indicate what this person considers himself/herself to be. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. |
|---|--|
| What is this person's name? Print the name of Person 1 from page 2. Last Name First Name MI | Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — Print race. |
| What is this person's telephone number? We may contact this person if we don't understand an answer. Area Code + Number What is this person's sex? Mark ONE box. Male Female | □ Some other race — Print race. |
| What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. Month Day Year of birth NOTE: Please answer BOTH Questions 5 and 6. Is this person Spanish /Hispanic /Latino? Mark X the "No" box if not Spanish /Hispanic /Latino. No, not Spanish /Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, other Spanish /Hispanic/Latino — Print group. z | 7 What is this person's marital status? Now married Widowed Divorced Separated Never married a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to Yes, public school, public college Yes, private school, private college |
| | |

| 8 | b. What grade or level was this person attending? Mark X ONE box. | a. Does this person speak a language other than English at home? |
|----|--|---|
| | Nursery school, preschool | Yes |
| | C Kindergarten | \square No \rightarrow Skip to 12 |
| | Grade 1 to grade 4 | b. What is this language? |
| | Grade 5 to grade 8 | b. What is this language? |
| | Grade 9 to grade 12 | |
| | College undergraduate years (freshman to senior) | (For example: Korean, Italian, Spanish, Vietnamese) |
| | Graduate or professional school (for example: medical, dental, or law school) | c. How well does this person speak English? |
| | | Very well |
| 9 | What is the highest degree or level of school | Well |
| | this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest | Not well |
| | degree received. | Not at all |
| | No schooling completed | |
| | Nursery school to 4th grade | Where was this person born? |
| | 5th grade or 6th grade | In the United States — Print name of state. |
| | 7th grade or 8th grade | |
| | 9th grade | Outside the United States — Print Puerto Rico or name |
| | 10th grade | of foreign country, U.S. Virgin Islands, Guam, etc. |
| | 11th grade | |
| | 12th grade, NO DIPLOMA | |
| | HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) | 13 Is this person a CITIZEN of the United States? |
| | Some college credit, but less than 1 year | \bigcirc Yes, born in Puerto Rico \rightarrow <i>Skip to 15a</i> |
| | 1 or more years of college, no degree | Yes, born in a U.S. state, District of Columbia, Guam, |
| | Associate degree (for example: AA, AS) | the U.S. Virgin Islands, or Northern Mariana Islands Yes, born abroad of American parent or parents |
| | Bachelor's degree (for example: BA, AB, BS) | Yes, a U.S. citizen by naturalization |
| | Master's degree (for example: MA, MS, MEng, MEd, | No, not a citizen of the United States |
| | MSW, MBA) | |
| | Professional degree (for example: MD, DDS, DVM, LLB, JD) | 14 When did this person come to live in Puerto Rico? Print numbers in boxes. |
| | Doctorate degree (for example: PhD, EdD) | Year |
| 10 | What is this person's ancestry or ethnic origin? | |
| | | 15 a. Did this person live in this house or apartment |
| | | 5 years ago (on April 1, 1995)? |
| | (Ear avample: Italian Jamaican African Am Combedian | Person is under 5 years old \rightarrow <i>Skip to 33</i> |
| | (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, | \Box Yes, this house \rightarrow <i>Skip to 16</i> |
| | Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) | No, outside Puerto Rico or the United States — Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then skip to 16. |
| | | |
| | | No, different house in Puerto Rico or the United States |
| | | |
| | | |
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| | | |
| | | |
| | | |

| 1 | b. Where did this person live 5 years ago? Name of city, town, or post office Did this person live inside the limits of the city | | | 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 20a | | | |
|----|--|---------|---|--|--|--|--|
| | or town? Yes No, outside the city/town limits | ne city | | 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? | | | |
| | Name of municipio or U.S. county | | | $ \bigcirc Yes \\ \bigcirc No \rightarrow Skip \text{ to } 20a $ | | | |
| | Enter Puerto Rico or name of U.S. state | | | 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 | | | |
| | ZIP Code | | | the question for the grandchild for whom the grandparent has been responsible for the longest period of time. | | | |
| | | | | Less than 6 months | | | |
| 16 | Does this person have any of the follow long-lasting conditions: | - | | 6 to 11 months 1 or 2 years 3 or 4 years | | | |
| | a. Blindness, deafness, or a severe vision or hearing impairment? | Yes | | 5 years or more a. Has this person ever served on active duty | | | |
| | b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | | | 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 Persian Gulf War. Yes, now on active duty | | | |
| 17 | Because of a physical, mental, or emotion condition lasting 6 months or more, does this person have any difficulty in doing a the following activities: | s | | Yes, on active duty in past, but not now No, training for Reserves or National Guard only \rightarrow <i>Skip to 21</i> | | | |
| | - | Yes | No | \bigcup No, never served in the military \rightarrow <i>Skip to 21</i> | | | |
| | a. Learning, remembering, or concentrating? | | in the U.S. Armed Forces? <i>N</i> EACH period in which this per | b. When did this person serve on active duty in the U.S. Armed Forces? <i>Mark</i> 🗶 a box for | | | |
| | b. Dressing, bathing, or getting around inside the home? | | | EACH period in which this person served. | | | |
| | c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | | | August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 | | | |
| | d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? | | | May 1975 to August 1980 Vietnam era (August 1964—April 1975) February 1955 to July 1964 | | | |
| 18 | Was this person under 15 years of age o April 1, 2000? | n | | Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) | | | |
| | $\bigcirc Yes \rightarrow Skip \ to \ 33$ | | | Some other time | | | |
| | U No | | | c. In total, how many years of active-duty military service has this person had? | | | |
| | | | | Less than 2 years2 years or more | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



| 21 | 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 | • | lf "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. |
|----|---|----|---|
| | family business or farm for 15 hours or more, or was on active duty in the Armed Forces. | 23 | b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? |
| | Yes | | Drove alone |
| | \bigcirc No \rightarrow Skip to 25a | | 2 people |
| 22 | At what location did this person work LAST | | 3 people |
| 4 | WEEK? If this person worked at more than one location, | | 4 people |
| | print where he or she worked most last week. | | 5 or 6 people |
| | a. Development or condominium name; Number and street name | | 7 or more people |
| | | 24 | a. What time did this person usually leave home to go to work LAST WEEK? |
| | | | a.m. 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.) | | b. How many minutes did it usually take this person to get from home to work LAST WEEK? |
| | b. Name of city, town, or post office | | Minutes |
| | | | |
| | c. Is the work location inside the limits of that city or town? | • | Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27. |
| | Yes | 25 | a. LAST WEEK, was this person on layoff from |
| | No, outside the city/town limits | Y | a job? |
| | d. Name of municipio or U.S. county | | \Box Yes \rightarrow Skip to 25c |
| | | | No |
| | e. Enter Puerto Rico or name of U.S. state or foreign country | | b. LAST WEEK, was this person TEMPORARILY absent from a job or business? |
| | | | Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow <i>Skip to 26</i> |
| | f. ZIP Code | | \square No \rightarrow Skip to 25d |
| | | | 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? |
| 2 | a. How did this person usually get to work LAST | | $\bigcirc \text{ Yes} \rightarrow Skip \text{ to 25e}$ |
| T | WEEK? If this person usually used more than one method | | $\bigcirc No$ |
| | of transportation during the trip, mark (X) the box of the one used for most of the distance. | | d. Has this person been looking for work during |
| | Car, truck, or van | | the last 4 weeks? |
| | Bus or trolley bus | | Yes |
| | Público | | \bigcirc No \rightarrow Skip to 26 |
| | Subway or elevated | | e. LAST WEEK, could this person have started a |
| | | | job if offered one, or returned to work if recalled? |
| | Ferryboat | | Yes, could have gone to work |
| | Taxicab | | No, because of own temporary illness |
| | Motorcycle | | No, because of all other reasons (in school, etc.) |
| | Bicycle | | |
| | U Walked | 26 | When did this person last work, even for a few days? |
| | \Box Worked at home \rightarrow <i>Skip to 27</i> | | 1995 to 2000 |
| | Other method | | $\square 1995 \text{ to } 2000$ $\square 1994 \text{ or earlier, or never worked} \rightarrow Skip \text{ to } 31$ |
| | | | |



| Yes Annual amount — Dollars S 00 Annual amount — Dollars S 00 Asocial Security or Railroad Retirement Owned by you or someone in this household with a montgage or loans? No Owned by you or someone in this household with a montgage or loan? No Owned by you or someone in this household free and cash rent? S 00 No Retrement, Statute or Loans S 00 Yes Annual amount — Dollars S 00 No A one-family house detached from any other house A building with 3 or 4 apartments A building with 20 to 9 apartments A building with 20 to 9 apartments A building with 20 to 19 apartments A building with 20 to 19 apartments Boat, RV, van, etc. S 00 No g. Retirement, survivor, or disability pensions — b NoT include Social Security. Yes Annual amount — Dollars S 00 No G g. Retirement, survivor, or disability pensions — b NoT include Social Security. Yes Annual amount — Dollars <th>31 c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — <i>Report</i> even small amounts credited to an account.</th> <th>Now, please answer questions 33—53 about your household.</th> | 31 c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — <i>Report</i> even small amounts credited to an account. | Now, please answer questions 33—53 about your household. |
|--|---|--|
| Social Security or Railroad Retirement Yes Annual amount - Dollars Social Security Income (SSI) No e. Supplemental Security Income (SSI) Yes Annual amount - Dollars Social Security Income (SSI) Yes Annual amount - Dollars Social Security Income (SSI) Yes Annual amount - Dollars Social Security Income (SSI) Yes Annual amount - Dollars Social Security Income (SSI) Yes Annual amount - Dollars Social Security Income (SSI) Yes Annual amount - Dollars Social Security Income (SSI) No f. Any public assistance or welfare payments from the state of local Welfare office A mobile home A cone-family house ettached to one or more houses A building with 20 to 49 apartments A building with 20 to 19 apartments Boat, RV, Van, etc. About when was this building first built? 1990 to 1993 1970 to 1994 1980 to 1989 1970 to 1994 1980 to 1989 1970 to 1994 1980 to 1989 1990 to 1984 1990 t | Yes Annual amount — Dollars | 33 Is this house, apartment, or mobile home — |
| No A Social Security or Railroad Retirement Yes Annual amount Dollars Si 00 No e. Supplemental Security Income (SS) Yes Annual amount Dollars Si 00 No e. Supplemental Security Income (SS) Yes Annual amount Dollars Si 00 No f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount Dollars Si 00 No g. Retirement, survivor, or disability pensions Do NOT include Social Security. Yes Annual amount Dollars Si 00 No g. Retirement, survivor, or disability pensions Do NOT include Social Security. Yes Annual amount Dollars Si 00 No h. Any other sources of income received regularly such as Veterant' (VA) payments. unemployment compensation, child support, or alimony Do NOT include long amount. No No No What was this person's total income in 1999? Add entry in questions 3131.h subtract (Effet "Los" box next to the dollar amount. Annual amount Dollars Si 00 No Non Si 00 Loss Toom for oorms Prooms ? rooms Prooms ? rooms Prooms ? rooms Prooms ? rooms | | |
| Version Annual amount — Dollars Si | | Owned by you or someone in this household free and |
| Which best describes this building? Include all apartments, flats, etc., even if vacant. A mobile home e. Supplemental Security Income (SSI) Yes Annual amount — Dollars S S DO No f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars S A building with 2 or 4 papartments A building with 3 or 4 apartments A building with 10 to 19 apartments A building with 10 to 19 apartments A building with 10 to 19 apartments A building with 50 or more apartments A building with 50 or more apartments Boat, RV, van, etc. S DO No g. Retirement, survivor, or disability pensions — Do NOT include Social Security. No n. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include loup-sur payments with as money from an inheritance or sale of a home. Yes Annual amount — Dollars S S | d. Social Security or Railroad Retirement | Rented for cash rent? |
| No artments, flats, etc., even if vacant. a mobile home A mobile home A one-family house detached from any other house A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 5 to 9 apartments A building with 50 or more apartments B of the to 19 apartments B of the tother to 19 apartments B of to 19 apartments </th <th>Yes Annual amount — Dollars</th> <th>Occupied without payment of cash rent?</th> | Yes Annual amount — Dollars | Occupied without payment of cash rent? |
| A mobile home A supplemental Security Income (SSI) Yes Annual amount - Dollars S 00 No f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount - Dollars A building with 2 apartments A building with 5 to 9 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 50 or more apartments Boat, RV, van, etc. About when was this building first built? 1999 or 2000 1995 to 1998 1970 to 1979 1960 to 1969 1950 to 1959 1970 to 1979 1960 to 1969 1950 to 1959 1930 or earlier When did this person soutient of bia ouse, apartment, or mobile home? 1990 to 1994 1990 or calier What was this person's total income in 19997 Addient in south at mount - Dollars Yes Annual amount - Dollars 100 No What was this person's total income in 19997 Addient in the south at many to the sout of the olfar amount. Annual amount - Dollars Yes Annual amount - Dollar | | |
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| Single 100 No A building with 2 apartments A building with 2 of 4 apartments A building with 2 of 49 apartments B bot 1989 B bot 1989<!--</th--><th></th><th>A one-family house attached to one or more houses</th> | | A one-family house attached to one or more houses |
| No A building with 5 to 9 apartments A building with 20 to 49 apartments Boat, RV, van, etc. About when was this building first built? 1999 or 2000 1995 to 1998 1990 to 1994 1960 re artier 100 loss | | |
| f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars S No g. Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars S No h. Any other sources of income received regularly such as Veterars' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars S No No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses, if net income was a loss, next to the dollar amount. No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, next to the dollar amount. Non None OR None OR S O None OR S O Loss | | |
| f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars S No Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars S No No h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include time-sum ayments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars S No No Mo S Mo Mo Mo Mo S Mo Mo Mo Mo Mo S Mo S Mo Mo Mo S Mo Mo Mo Mo S Mo Mo Mo Mo Mo Mo Mo Mo Mo | U No | |
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| S = 0.00 No Retirement, survivor, or disability pensions – Do NOT include Social Security. Yes Annual amount – Dollars S = 0.00 No h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony – Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount – Dollars Yes None OR None OR Yes Annual amount – Dollars Yes Annual amount – Bollars Yes Annual amount – Bollars Yes Annual amount – Bollars Yes Annual amount – Bollars | | |
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| No g. Retirement, survivor, or disability pensions – Do NOT include Social Security. Yes Annual amount – Dollars No No h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony – Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount – Dollars No What was this person's total income in 1999? Add entries in questions 31a-31h, subtract any losses. If net income was a loss, enter the amount. Annual amount – Dollars None OR None OR None OR Sources, balconies, foyers, halls, or half-rooms, porches, balconies, foyers, halls, or half-rooms, porches, balconies, foyers, halls, or half-rooms. Troom Grooms Trooms | | 35 About when was this building first built? |
| g. Retirement, survivor, or disability pensions – Do NOT include Social Security. Yes Annual amount – Dollars S | □ No | · ▼ |
| Bo NOT include Social Security. Yes Annual amount — Dollars No h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars Yes Annual amount — Dollars Mo When did this person move into this house, apartment, or mobile home? Import to 1994 | a Detimenent environ en dieskilite nonsiene | |
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| \$ 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier When did this person move into this house, apartment, or mobile home? 1990 to 1994 1990 to 1995 1969 or earlier | | |
| No h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. Mone OR None OR None OR None OR None OR Income in the income in the amount is the income in the income interval amount. Income income interval and mark (X) the "Loss" box next to the dollar amount. Income income interval amount — Dollars Income interval amount — | | 1970 to 1979 |
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| Yes Annual amount - Dollars Yes Annual amount - Dollars 1999 or 2000 1995 to 1998 1990 to 1994 1980 to 1989 1970 to 1979 1969 or earlier What was this person's total income in 1999? Add entries in questions 31a-31h; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. Annual amount - Dollars None OR Solution (1) Solution (2) None OR Solution (2) <p< th=""><th>compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an</th><th></th></p<> | compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an | |
| 32 What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. Annual amount — Dollars None OR \$ 100 Loss | | |
| No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. Annual amount — Dollars None OR None OR Image: Add the dollar amount is a constrained on the dollar amount. Annual amount — Dollars Image: Add the dollar amount is a constrained on the dollar amount. Annual amount — Dollars Image: Add the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount. Annual amount — Dollars Image: Add the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount is a constrained on the dollar amount. Image: Add the dollar amount is a constrained on the dollar amount is a constrained | | |
| No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark x the "Loss" box next to the dollar amount. Annual amount — Dollars None OR None OR Image: Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark and mark are the amount and mark are the dollar amount. Image: Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark are the amount and mark are the dollar amount. Image: Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark are the amount and mark are the dollar amount. Image: Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark are the amount and mark are the amount and mark are the dollar amount. Image: Add entries in questions and the dollar amount. Image: Add entries in questions are the amount and mark are the amount and mark are the amount and mark are the amount. Image: Add entries in questions are the amount and mark are the amount and the amount. Image: Add entries in questions are the amount and the amount and the amount are the amount are the amount and the amount are the amount ar | \$, .00 | |
| What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark x the "Loss" box next to the dollar amount. Annual amount — Dollars None OR None OR Income in the income in the income in the income in the income i | □ No | |
| entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark x the "Loss" box next to the dollar amount. Annual amount — Dollars None OR None OR Image: Annual amount in the image: Annual amount image: A | | 1970 to 1979 |
| income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. Annual amount — Dollars None OR None OR Image: Annual amount in the loss in the l | | 1969 or earlier |
| Annual amount — Dollars porches, balconies, foyers, halls, or half-rooms. None OR \$ 1 room 6 rooms 2 rooms 7 rooms 3 rooms 8 rooms | income was a loss, enter the amount and mark 🗶 the | |
| None OK OK OK OK | Annual amount — Dollars | |
| Image: Contraction of the contraction | | 1 room 6 rooms |
| 3 rooms 8 rooms | | |
| | | |
| A rooms 9 or more rooms | | 4 rooms 9 or more rooms |
| 5 rooms | | 5 rooms |
| | | |
| | | |

| 38 | How many bedrooms do you have; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent? No bedroom 1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms | Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 45. a. Is there a business (such as a store or barber shop) or a medical office on this property? Yes No b. How many cuerdas is this house or mobile home on? |
|----|--|---|
| 39 | 4 bedrooms 5 or more bedrooms Do you have COMPLETE plumbing facilities in this house, apartment, or mobile home; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower? Yes, have all three facilities No | □Less than 1 cuerda → Skip to 45□1 to 9.9 cuerdas□10 or more cuerdas c. In 1999, what were the actual sales of all agricultural products from this property? □None□\$2,500 to \$4,999□\$1 to \$999□\$1,000 to \$2,499□\$10,000 or more |
| 40 | Do you have COMPLETE kitchen facilities in this house, apartment, or mobile home; that is, 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator? Yes, have all three facilities No | What are the annual costs of utilities and fuels for this house, apartment, or mobile home? If you have lived here less than 1 year, estimate the annual cost. a. Electricity Annual cost — Dollars |
| 41 | Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls? Yes No | S |
| 42 | 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 No fuel used How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household? None 1 2 3 4 5 6 or more | Annual cost — Dollars S |



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| 46 | Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 47. | 49 | What were the real estate taxes on THIS property last year? |
|----|--|----|--|
| | a. What is the monthly rent? | | Yearly amount — Dollars |
| | Monthly amount — <i>Dollars</i> | | \$ |
| | \$ | | OR |
| | b. Does the monthly rent include any meals? | | □ None |
| | Yes | 50 | What was the annual payment for fire, hazard, |
| | No | | and flood insurance on THIS property? |
| 47 | Answer questions 47a—53 if you or someone in this household owns or is buying this house, apartment, or mobile home; otherwise, skip to | | Annual amount — Dollars |
| | questions for Person 2. a. Do you have a mortgage, deed of trust, contract | | OR Difference Differen |
| | to purchase, or similar debt on THIS property? | | William in the control of their more entry that is |
| | Yes, mortgage, deed of trust, or similar debt | 51 | What is the value of this property; that is, how much do you think this house and lot, |
| | Yes, contract to purchase | | apartment, or mobile home and lot would sell |
| | \Box No \rightarrow Skip to 48a | | for if it were for sale? |
| | b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase. | | Less than \$10,000 \$90,000 to \$99,999 \$10,000 to \$14,999 \$100,000 to \$124,999 \$15,000 to \$19,999 \$125,000 to \$149,999 |
| | Monthly amount — Dollars | | □ \$20,000 to \$24,999 □ \$150,000 to \$174,999 |
| | \$.00 | | □ \$25,000 to \$29,999 □ \$175,000 to \$199,999 |
| | OR | | \$30,000 to \$34,999 \$200,000 to \$249,999 |
| | \Box No regular payment required \rightarrow <i>Skip to 48a</i> | | \$35,000 to \$39,999 \$250,000 to \$299,999 |
| | c. Does your regular monthly mortgage payment | | \$40,000 to \$49,999 \$300,000 to \$399,999 |
| | include payments for real estate taxes on THIS property? | | \$50,000 to \$59,999 \$400,000 to \$499,999 \$60,000 to \$69,999 \$500,000 to \$749,999 |
| | Yes, taxes included in mortgage payment | | \$70,000 to \$79,999 \$750,000 to \$999,999 |
| | No, taxes paid separately or taxes not required | | \$80,000 to \$89,999 \$1,000,000 or more |
| | d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? | 52 | Answer ONLY if this is a CONDOMINIUM — What is the monthly condominium fee? |
| | Yes, insurance included in mortgage payment | | Monthly amount — Dollars |
| | No, insurance paid separately or no insurance | | \$ |
| 48 | a. Do you have a second mortgage or a home equity loan on THIS property? Mark 🗴 all boxes that apply. | 53 | Answer ONLY if this is a MOBILE HOME — a. Do you have an installment loan or contract on THIS mobile home? |
| | Yes, a second mortgage | | |
| | Yes, a home equity loan | | |
| | \square No \rightarrow Skip to 49 | | b. What was the total cost for installment loan |
| | b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? | | payments, personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site last year? Exclude real estate taxes. |
| | Monthly amount — Dollars | | Yearly amount — Dollars |
| | \$ | | |
| | OR | | \$ |
| | No regular payment required | • | Are there more people living here? If yes, continue with Person 2. |
| | | | |

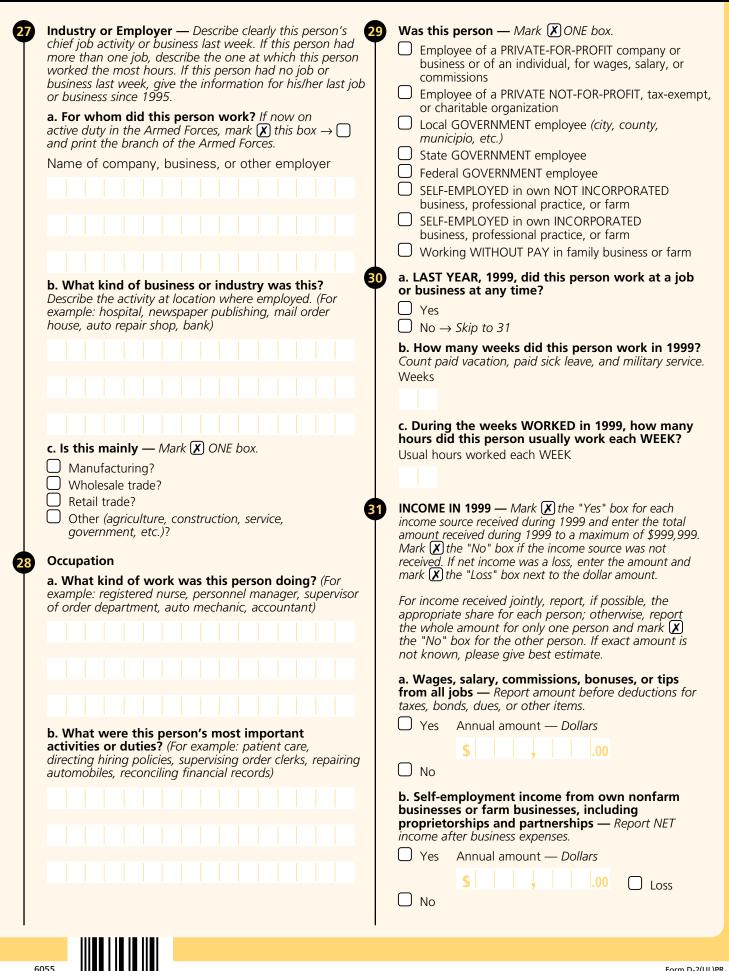
Form D-2(UL)PR

| Census information helps your community get financial assistance for roads, hospitals, schools and more. | Is this person Spanish/Hispanic/Latino? Mark () to "No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group. |
|--|---|
| What is this person's name? Print the name of Person 2 from page 2. Last Name First Name MI | 6 What is this person's race? Mark 🕅 one or more races to indicate what this person considers himself/herself to be. |
| How is this person related to Person 1? Mark 🖉 ONE box. Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship. | White Black, African Am., or Negro American Indian or Alaska Native — Print name or enrolled or principal tribe. <i>y</i> Asian Indian Chinese Guamanian or Chamorro Japanese Korean Vietnamese Other Asian — Print race. <i>y</i> Some other race — Print race. <i>y</i> |
| What is this person's sex? Mark ONE box. Male Female What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. Month Day Year of birth | What is this person's marital status? Now married Widowed Divorced Separated Never married |

| 8 a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. | a. Does this person speak a language other than English at home? Yes No → Skip to 12 |
|---|--|
| \Box No, has not attended since February 1 \rightarrow Skip to 9 | b. What is this language? |
| Yes, public school, public college | |
| Yes, private school, private college | |
| b. What grade or level was this person attending? | (For example: Korean, Italian, Spanish, Vietnamese) |
| Mark 🖉 ONE box. | c. How well does this person speak English? |
| Nursery school, preschool | Very well |
| C Kindergarten | 🗋 Well |
| Grade 1 to grade 4 | Not well |
| Grade 5 to grade 8 | 🗋 Not at all |
| Grade 9 to grade 12 | 12 Where was this person born? |
| College undergraduate years (freshman to senior) | In the United States — Print name of state. |
| Graduate or professional school (for example: | In the onited states — Print name of state. |
| medical, dental, or law school) | |
| 9 What is the highest degree or level of school this person has COMPLETED? Mark I ONE box. If currently enrolled, mark the previous grade or | Outside the United States — Print Puerto Rico or name of foreign country, U.S. Virgin Islands, Guam, etc. |
| highest degree received. | |
| No schooling completed | 13 Is this person a CITIZEN of the United States? |
| Nursery school to 4th grade | Yes, born in Puerto Rico \rightarrow <i>Skip to 15a</i> |
| 5th grade or 6th grade | Yes, born in a U.S. state, District of Columbia, Guam, |
| 7th grade or 8th grade | the U.S. Virgin Islands, or Northern Mariana Islands |
| 9th grade | Yes, born abroad of American parent or parents |
| 🗌 10th grade | Yes, a U.S. citizen by naturalization |
| 🗌 11th grade | No, not a citizen of the United States |
| 12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA | When did this person come to live in Puerto Rico? |
| or the equivalent (for example: GED) | |
| Some college credit, but less than 1 year | Year |
| 1 or more years of college, no degree | |
| Associate degree (for example: AA, AS) | |
| Bachelor's degree (for example: BA, AB, BS) | 15 a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)? |
| Master's degree (for example: MA, MS, MEng, | Person is under 5 years old \rightarrow <i>Skip to 33</i> |
| MEd, MSW, MBA) | $\bigcirc \text{ Yes, this house} \rightarrow Skip to 16$ |
| Professional degree (for example: MD, DDS, DVM, | \square No, outside Puerto Rico or the United States — |
| LLB, JD) Doctorate degree (for example: PhD, EdD) | Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then skip to 16. |
| 10 What is this person's ancestry or ethnic origin? | |
| | No, different house in Puerto Rico or United States |
| | |
| | |
| (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) | |
| | |
| | |

| 15 | b. Where did this person live 5 years ago? Name of city, town, or post office Did this person live inside the limits of the city or town? Yes No, outside the city/town limits | | | | a. Does this person have any of his/her own grandchildren under the age of 18 living in this nouse or apartment? Yes No → Skip to 20a b. Is this grandparent currently responsible for nost of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? |
|----|--|--------------------|----|-------------|--|
| | Name of municipio or U.S. county Enter Puerto Rico or name of U.S. state ZIP Code | | | ((f | Yes No \rightarrow Skip to 20a How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is inancially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent |
| | | | | | Less than 6 months 6 to 11 months |
| 16 | Does this person have any of the follow long-lasting conditions: | ving Yes | No | | 1 or 2 years 3 or 4 years |
| | a. Blindness, deafness, or a severe vision or hearing impairment?b. A condition that substantially limits | | | T t | 5 years or more a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or |
| | one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | | | f a | National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |
| 17 | Because of a physical, mental, or emoti condition lasting 6 months or more, do this person have any difficulty in doing the following activities: | es | | | Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → <i>Skip to 21</i> |
| | a. Learning, remembering, or | Yes | No | k | \square No, never served in the military \rightarrow <i>Skip to 21</i> b. When did this person serve on active duty |
| | concentrating? b. Dressing, bathing, or getting around | | | E | n the U.S. Armed Forces? Mark 🗶 a box for EACH period in which this person served. |
| | 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? | | | | April 1995 or later August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 |
| | d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? | | | | May 1975 to August 1980 Vietnam era (August 1964—April 1975) February 1955 to July 1964 |
| 18 | Was this person under 15 years of age April 1, 2000? \bigcirc Yes \rightarrow Skip to 33 \bigcirc No | on | | | Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) Some other time In total, how many years of active-duty military |
| | | | | s ((| Exervice has this person had? |
| | | | | I | Form D-2(UL)F |

| 21 LAST WEEK, did this person do ANY work for either pay or profit? <i>Mark</i> (2) the "Yes" box even if the pay in a set of the set o | If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. |
|--|---|
| active duty in the Armed Forces. | b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? |
| Pes No → Skip to 25a At what location did this person work LAST | Drove alone 2 people |
| WEEK? If this person worked at more than one location, print where he or she worked most last week. | 3 people 4 people 5 or 6 people |
| a. Development or condominium name; Number and street name | 7 or more people |
| | a. What time did this person usually leave home to go to work LAST WEEK? |
| | a.m. D 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.) | b. How many minutes did it usually take this person to get from home to work LAST WEEK? |
| b. Name of city, town, or post office | Minutes |
| | |
| c. Is the work location inside the limits of that city or town? | Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27. |
| Yes 2 No, outside the city/town limits | a. LAST WEEK, was this person on layoff from a job? |
| d. Name of municipio or U.S. county | |
| | |
| e. Enter Puerto Rico or name of U.S. state or foreign country | b. LAST WEEK, was this person TEMPORARILY absent from a job or business? |
| | Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow <i>Skip to 26</i> |
| f. ZIP Code | \bigcirc No \rightarrow Skip to 25d |
| | 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? |
| 23 a. 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 is the box of the | $ \begin{array}{ c c } \hline & Yes \rightarrow Skip \ to \ 25e \\ \hline & No \end{array} $ |
| one used for most of the distance. | d. Has this person been looking for work during the last 4 weeks? |
| Bus or trolley bus | |
| Público Subway or elevated | \square No \rightarrow Skip to 26 |
| Railroad | e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? |
| Erryboat | Yes, could have gone to work |
| Taxicab | No, because of own temporary illness |
| | No, because of all other reasons (in school, etc.) |
| Bicycle 2 Walked | 6 When did this person last work, even for a |
| □ Walked \square Worked at home \rightarrow <i>Skip to 27</i> | few days? |
| Other method | 1995 to 2000 |
| | \bigcup 1994 or earlier, or never worked \rightarrow <i>Skip to 31</i> |



| income, even sma Yes | est, dividends, net rental income, royalty or income from estates and trusts — Report all amounts credited to an account. Annual amount — Dollars \$ | Person 1+1=2 Image: Description of the state of the sta |
|---|--|--|
| Yes No f. Any p from the Yes No g. Retire Do NOT Yes No h. Any c such as compeninclude la inheritan Yes No No What w entries in income v "Loss" box None 33 Are there | a b b b b c b c c c c c c c c c c | What is this person's name? Print the name of Person 3 from page 2. Last Name First Name MI How is this person related to Person 1? Mark (*) ONE box. Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Brather/mother Grandchild Parent-in-law Other relative — Print exact relationship. 7 Mor RELATED to Person 1: Roomer, boarder Housemate, roommate Other nonrelative What is this person's sex? Mark (*) ONE box. Male Female What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. Mont Day Year of birth |

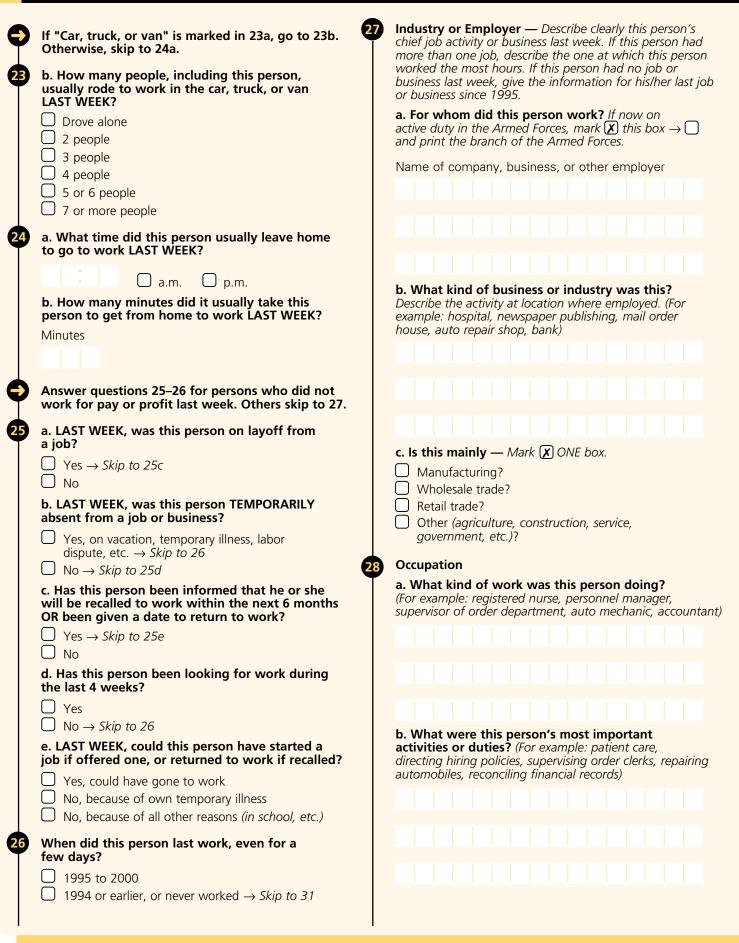
| 5 | NOTE: Please answer BOTH Questions 5 and 6. Is this person Spanish / Hispanic / Latino? Mark | a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9 Yes, public school, public college Yes, private school, private college b. What grade or level was this person attending? Mark () ONE box. Nursery school, preschool Kindergarten |
|---|---|---|
| 6 | What is this person's race? Mark () one or more races to indicate what this person considers himself/herself to be. 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. ↓ | Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school) What is the highest degree or level of school this person has COMPLETED? Mark 🗴 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 9th grade 10th grade 12th grade, NO DIPLOMA |
| 7 | What is this person's marital status? Now married Vidowed Divorced Separated Never married | HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: BA, AB, BS) 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) |



| 1 | | 15 | b. Where did this person live 5 years ago | ? | |
|---|--|----|---|-----------|--------|
| | English at home? | Ĩ | Name of city, town, or post office | | |
| | $\bigcirc \text{ Yes} \\ \bigcirc \text{ No} \rightarrow Skip \text{ to } 12 \\ \hline \end{aligned}$ | | | | |
| | , | | Did this newson live inside the limits of th | | |
| | b. What is this language? | | Did this person live inside the limits of th or town? | ie city | |
| | | | 🗋 Yes | | |
| | (For example: Korean, Italian, Spanish, Vietnamese) | | No, outside the city/town limits | | |
| | c. How well does this person speak English? | | Name of municipio or U.S. county | | |
| | O Very well | | | | |
| | | | Enter Puerto Rico or name of U.S. state | | |
| | Not well Not at all | | | | |
| | Where was this person born? | | ZIP Code | | |
| Y | In the United States — Print name of state. | | | | |
| | | | | | |
| | | 16 | Does this person have any of the followi | ng | |
| | Outside the United States — Print Puerto Rico or name of foreign country, U.S. Virgin Islands, Guam, etc. | | long-lasting conditions: | Yes | No |
| | | | a. Blindness, deafness, or a severe vision or hearing impairment? | | |
| 1 | Is this person a CITIZEN of the United States? Yes, born in Puerto Rico → Skip to 15a Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Mariana Islands Yes, born abroad of American parent or parents Yes, a U.S. citizen by naturalization No, not a citizen of the United States | 17 | b. 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 emotion condition lasting 6 months or more, does this person have any difficulty in doing a the following activities: | 5 | |
| 1 | | | - | Yes | No |
| T | Print numbers in boxes. | | a. Learning, remembering, or concentrating? | | |
| | Year | | b. Dressing, bathing, or getting around inside the home? | | |
| 1 | a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)? | | c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | | |
| | $\bigcirc Person is under 5 years old \rightarrow Skip to 33$ | | d. (Answer if this person is 16 YEARS OLD | \square | |
| | \bigcirc Yes, this house \rightarrow <i>Skip to 16</i> | | OR OVER.) Working at a job or business? | \Box | \Box |
| | No, outside Puerto Rico or the United States — Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then skip to 16. | 18 | Was this person under 15 years of age or April 1, 2000? | n | |
| | | | $\bigcirc Yes \rightarrow Skip \text{ to } 33$ | | |
| | No, different house in Puerto Rico or the United States | | U No | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 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 20a 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? Yes No → Skip to 20a | LAST WEEK, did this person do ANY work for either pay or profit? Mark 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. Yes No → Skip to 25a 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. Development or condominium name; Number and street name |
|--|--|
| 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. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 years or more | (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 c. Is the work location inside the limits of that |
| a. 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 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 → <i>Skip to 21</i> b. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for <i>EACH period in which this person served</i>. April 1995 or later August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1964 Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) Some other time c. In total, how many years of active-duty military service has this person had? Less than 2 years 2 years or more | city or town? Yes No, outside the city/town limits d. Name of municipio or U.S. county e. Enter Puerto Rico or name of U.S. state or foreign country f. ZIP Code |





(

| 29 | Was this person — Mark ONE box. Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization Local GOVERNMENT employee (<i>city, county, municipio, etc.</i>) State GOVERNMENT employee Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED | c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account. Yes Annual amount — Dollars No d. Social Security or Railroad Retirement Yes Annual amount — Dollars |
|----|---|---|
| 30 | business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm Working WITHOUT PAY in family business or farm a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes | Supplemental Security Income (SSI) Yes Annual amount — Dollars .00 |
| | No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks | No f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars |
| 31 | c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK INCOME IN 1999 — Mark X the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark X the "No" box if the income source was not received. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate. | No g. Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars Yes Annual amount — 000 No h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars |
| | a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items. Yes Annual amount — Dollars No b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses. Yes Annual amount — Dollars Yes Annual amount — Dollars Loss | No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. Annual amount — Dollars None OR Are there more people living here? If yes, continue with Person 4. |
| (| | Form D-2(UL)F |

| Person | NOTE: Please answer BOTH Questions 5 and 6. Is this person Spanish/Hispanic/Latino? Mark the "No" box if not Spanish/Hispanic/Latino. |
|--|---|
| Knowing about age, race, and sex helps your community better meet the needs of everyone. | No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban |
| | \Box Yes, other Spanish/Hispanic/Latino — Print group. \mathbf{z} |
| What is this person's name? Print the name of Person 4 from page 2. Last Name First Name MI | What is this person's race? Mark 🖉 one or more races to indicate what this person considers himself/herself to be. |
| How is this person related to Person 1? Mark () ONE box. Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship. r If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative | Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. <i>x</i> Asian Indian Asian Indian Chinese Guamanian or Chamorro Japanese Korean Vietnamese Other Pacific Islander — Print race. <i>x</i> Other Asian — Print race. <i>x</i> Some other race — Print race. <i>x</i> |
| What is this person's sex? Mark ONE box. Male Female | What is this person's marital status? |
| What is this person's age and what is this person's date of birth? Age on April 1, 2000. Print numbers in boxes. Month Day Year of birth | Widowed Divorced Separated Never married |

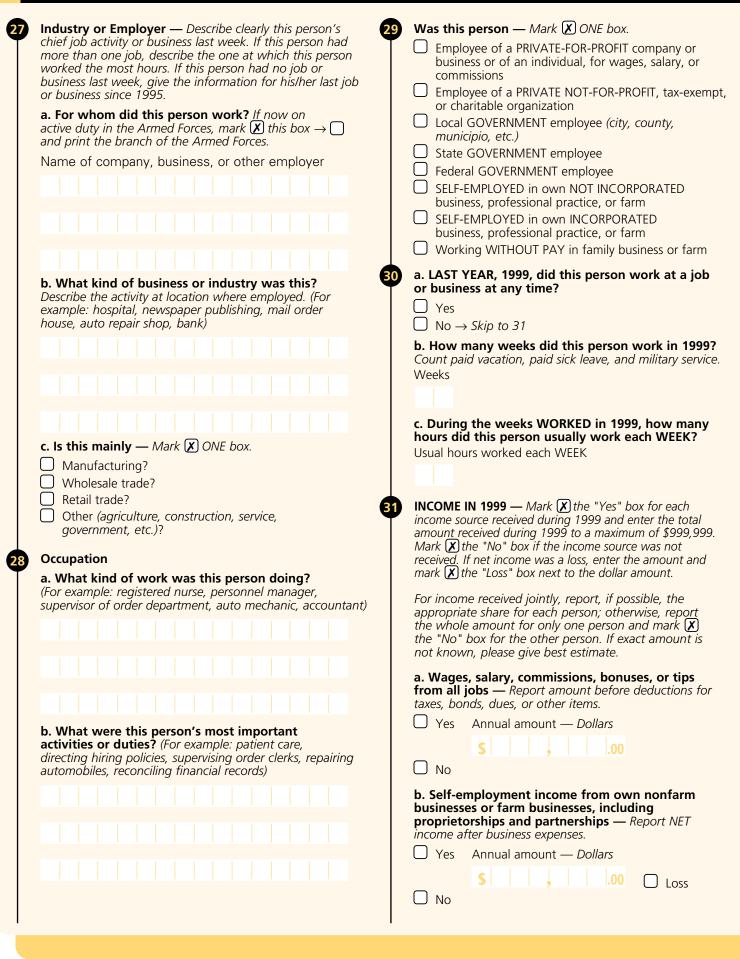
| a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9 Yes, public school, public college Yes, private school, private college b. What grade or level was this person attending? Mark X ONE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school) | a. Does this person speak a language other than English at home? Yes No → Skip to 12 b. What is this language? (For example: Korean, Italian, Spanish, Vietnamese) c. How well does this person speak English? Very well Well Not well Not at all Where was this person born? In the United States — Print name of state. |
|--|---|
| What is the highest degree or level of school this person has COMPLETED? Mark (2) 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 7th grade or 8th grade 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 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM, LB, JD) Doctorate degree (for example: PhD, EdD) What is this person's ancestry or ethnic origin? (For example: Italian, Jamaican, African Am., Cambodian, Gape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) | Outside the United States — Print Puerto Rico or name of foreign country, U.S. Virgin Islands, Guam, etc. Is this person a CITIZEN of the United States? Yes, born in Puerto Rico → Skip to 15a Yes, born a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Mariana Islands Yes, born abroad of American parent or parents Yes, a U.S. citizen by naturalization No, not a citizen of the United States When did this person come to live in Puerto Rico? Print numbers in boxes. Year a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)? Person is under 5 years old → Skip to 33 Yes, this house → Skip to 16 No, outside Puerto Rico or the United States — Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then skip to 16. No, different house in Puerto Rico or the United States |



| 15 | | jo? | 19 | a. Does this person have any of his/her own grandchildren under the age of 18 living in this |
|----|--|------------|----|---|
| | Name of city, town, or post office | | | house or apartment? |
| | | | | O Yes |
| | Did this person live inside the limits of | the city | / | \Box No \rightarrow Skip to 20a |
| | or town? Yes No, outside the city/town limits | | | 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? |
| | Name of municipio or U.S. county | | | Yes |
| | | | | \Box No \rightarrow Skip to 20a |
| | Enter Puerto Rico or name of U.S. state | | | c. How long has this grandparent been responsible |
| | ZIP Code | | | 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 |
| 16 | Does this person have any of the follow | wing | | 1 or 2 years |
| T | long-lasting conditions: | Yes | No | 3 or 4 years |
| | a. Blindness, deafness, or a severe | | | 5 years or more |
| | vision or hearing impairment? | \cup | 20 | a. Has this person ever served on active duty in |
| | b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | | | 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 Persian Gulf War. |
| | | | | Yes, now on active duty |
| 17 | Because of a physical, mental, or emoti condition lasting 6 months or more, do this person have any difficulty in doing the following activities: | es | | Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 21 |
| | the following activities. | Yes | No | \Box No, never served in the military \rightarrow <i>Skip to 21</i> |
| | a. Learning, remembering, or concentrating? | | | b. When did this person serve on active duty in the U.S. Armed Forces? Mark 🗶 a box for |
| | b. Dressing, bathing, or getting around inside the home? | | | EACH period in which this person served. |
| | c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home | | | August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 |
| | alone to shop or visit a doctor's office? | \bigcirc | | May 1975 to August 1980 |
| | d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? | | | Vietnam era (August 1964—April 1975) |
| | | | _ | February 1955 to July 1964 |
| | Was this person under 15 years of age | on | | Korean conflict (June 1950—January 1955) |
| Ψ | April 1, 2000? | on | | 🔘 World War II (September 1940—July 1947) |
| | $\bigcirc \text{Yes} \rightarrow Skip \text{ to } 33$ | | | Some other time |
| | No | | | c. In total, how many years of active-duty military service has this person had? |
| | | | | Less than 2 years |
| | | | | 2 years or more |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

| 21 | 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 | If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. |
|----|---|---|
| | family business or farm for 15 hours or more, or was on active duty in the Armed Forces. | b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? |
| | $\bigcirc \text{ Yes} \\ \bigcirc \text{ No} \rightarrow Skip \text{ to } 25a \\ \bigcirc \text{ No} \rightarrow Skip to $ | Drove alone |
| 22 | 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. Development or condominium name; | 2 people 3 people 4 people 5 or 6 people |
| | Number and street name | 7 or more people |
| | | a. What time did this person usually leave home to go to work LAST WEEK? |
| | | a.m 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.) | b. How many minutes did it usually take this person to get from home to work LAST WEEK? |
| | b. Name of city, town, or post office | Minutes |
| | | |
| | c. Is the work location inside the limits of that city or town? | Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27. |
| | Yes | 25 a. LAST WEEK, was this person on layoff from |
| | No, outside the city/town limits | a job? |
| | d. Name of municipio or U.S. county | $ \bigcirc \text{Yes} \to Skip \text{ to } 25c \\ \bigcirc \text{No} $ |
| | | b. LAST WEEK, was this person TEMPORARILY |
| | e. Enter Puerto Rico or name of U.S. state or foreign country | absent from a job or business? |
| | | \bigcup Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow <i>Skip to 26</i> |
| | f. ZIP Code | \Box No \rightarrow Skip to 25d |
| | | 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? |
| 23 | a. How did this person usually get to work LAST WEEK? If this person usually used more than one method | $\bigcirc \text{ Yes} \rightarrow Skip \text{ to } 25e$ |
| | of transportation during the trip, mark (\mathbf{X}) the box of the | No No |
| | one used for most of the distance. | d. Has this person been looking for work during the last 4 weeks? |
| | Bus or trolley bus | Yes |
| | Público | \bigcirc No \rightarrow Skip to 26 |
| | Subway or elevated Railroad | e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? |
| | Erryboat | Yes, could have gone to work |
| | Taxicab | No, because of own temporary illness |
| | Motorcycle | No, because of all other reasons (in school, etc.) |
| | Bicycle Walked | 26 When did this person last work, even for a |
| | Worked at home \rightarrow <i>Skip to 27</i> | few days? |
| | Other method | $\bigcup_{i=1}^{n} 1995 \text{ to } 2000$ |
| | | \bigcirc 1994 or earlier, or never worked \rightarrow <i>Skip to 31</i> |
| | | |





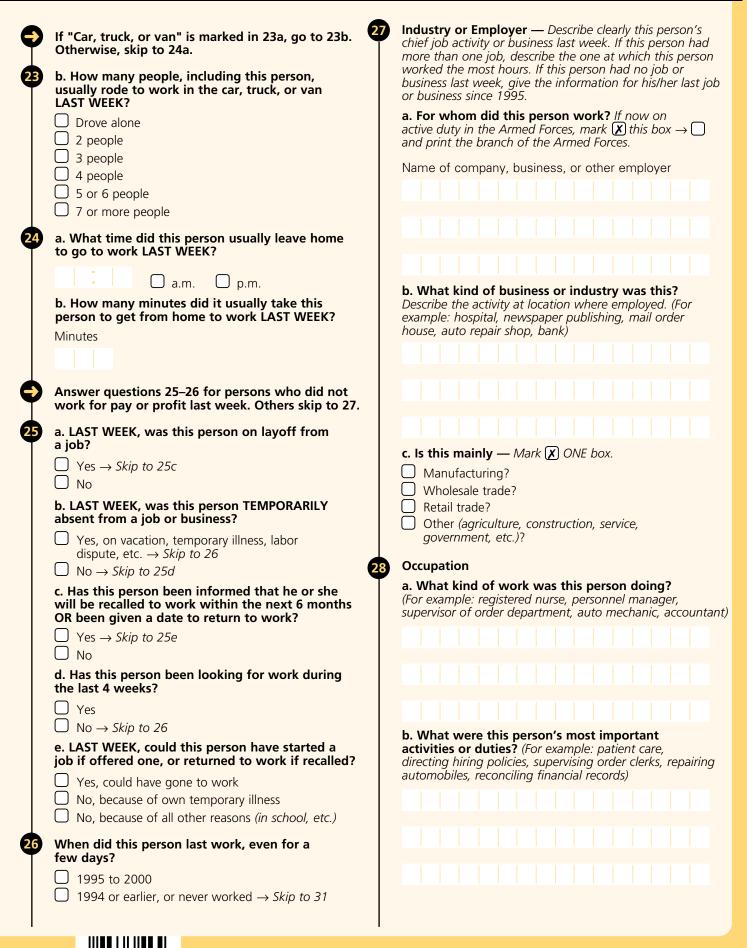
| Yes Annual amount — Dollars Yes Annual amount — Dollars Sight amount — Dollars Sight amount — Dollars Sight amount — Dollars Yes Annual amount — Dollars Sight amount — Dollars No | ncome, or income from estates and trusts — Report even small amounts credited to an account. | |
|--|--|--|
| No No Vest Annual amount - Dollars Si Si Si No | | |
| <pre>index definition of the future interview is this person's name? Print the name of Person 5 from page 2. Last Name</pre> | | |
| Yes Annual amount — Dollars S ↓ 0.0 No No Yes Annual amount — Dollars S ↓ 0.00 No No No S ↓ 0.00 No What was this person's total income in 19997 Add encines in questions 31a—31h, subtract any losses if net nome, barder House and amount — Dollars S ↓ 0.00 No No What was this person's total income in 19997 Add encines in questions 31a—31h, subtract any losses if net nome, barder House and amount — Dollars S ↓ 0.00 Loss Annual amount — Dollars Mat was this person's total income in 19997 Add encines in questions 31a—31h, subtract any losses if net nome in 19997 Add encines in questions 31a—31h, subtract any losses if net nome, barder House and amount — Dollars None OR S ↓ 0.00 Loss Are terre more people living here? If yes, continue with Person 5. What is this person's age and what is this person's | d. Social Security or Railroad Retirement | |
| No What is this person's name? Print the name of Person 5 from page 2. Last Name S Lo0 No Kany public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars S Lo0 No Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars S Lo0 No No Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars S Lo0 No Mat was this person's total income in 19997 Add entries in questions 31A—31h; subtract any losses, if net income was a loss, enter the amount and mark & the trass' box next to the dollar amount. Annual amount — Dollars No What was this person's total income in 19997 Add entries in questions 31A—31h; subtract any losses, if net income was a loss, enter the amount and mark & the trass' box next to the dollar amount. Annual amount — Dollars None OR None OR None OR None What was this person's age and what is this person's age an | Yes Annual amount — <i>Dollars</i> | plan for the future |
| Supplemental Security Income (SSI) Yes Annual amount — Dollars S , 00 No Retirement, survivor, or disability pensions — Do NOT include lump-surpay ments, survivor, or disability pensions — Do NOT include lump-surpay ments, survivor, or a limony — Do NOT include lump-surpay ments, survivor, a limony — Do NOT include lump-surpay ments, survivor, a limony — Do NOT include lump-surpay ments, survivor, a limony — Do NOT include lump-surpay ments, survivor, a limony — Do NOT include lump-surpay ments, suremployment compensation, child support, or alimony — Do NOT include lump-surpay ments, suremployment is questions 31a—31b; subtract any losses. If net income was a loss, enter the amount and mark (X) the loss mane? Print is this person's sage and what is this person's age and what is this person's in boxes. | | |
| Yes Annual amount — Dollars S , 00 No Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars S , 00 No Active Social Security. Yes Annual amount — Dollars S , 000 No Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars S , 000 No Mark B (NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative What was this person's total income in 1999? Add entries in questions 31a—31b; subtract any losses, if net noore was a loss, enter the amount and mark (X) the 'Loss' box next to the dollar amount. Annual amount — Dollars None OR S , 000 Loss Are there more people living here? If yes, continue with Person 5. | | 1 What is this person's name? Print the name of |
| S , 00 No Any public assistance or welfare payments rom the state or local welfare office Yes Yes No Retirement, survivor, or disability pensions - Do NOT include Social Security. Yes Yes Yes Annual amount - Dollars S No None OR S None OR S None or Sontinue with Person 5. Annual amount - Dollars If NOT RELATED to Person 1: Roomer, boarder Housemate, commate Ummaried partner Foster child Other nonrelative What is this person's age | | |
| No Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT nelude lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars S , 00 No Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT nelude lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars S , 00 No Matural-born sources of income received regularly such as Veterans' (VA) payments, unemployment compensation of a home. Yes Annual amount — Dollars S , 00 No Matural-born sources of a home. Yes Annual amount — Dollars Matural-born sources of a home. Yes Annual amount — Dollars Matural-born sources of a home. What us this person's total income in 19997 Add entries in questions 31a—31h; subtract any losses. If net norme was a loss, enter the amount and mark (2) the Loss Mone OR None OR Manual amount — Dollars What is this person's sex? Mark (2) ONE box. Male Female What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. | J Yes Annual amount — <i>Dollars</i> | Last Name |
| Any public assistance or welfare payments from the state or local welfare office Yes Annual amount - Dollars S Retirement, survivor, or disability pensions bo NOT include Social Security. Yes Annual amount - Dollars S Any other sources of income received regularly toom pensation, child support, or alimony Do NOT include JumpSum payments such as money from an inheritance or sale of a home. Yes Annual amount Dollars S No No No Mark @ ONE box. Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Stepson/stepdaughter-in-law Other relative - Print exact relationship. r If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative What is this person's sex? Mark & ONE box. Male Female What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. | \$.00 | |
| <pre>irom the state or local welfare office Yes Annual amount — Dollars S , , , 00 No Actival-born son/daughter Adopted son/daughter Adopted son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship. Yes Annual amount — Dollars No Mat was this person's total income in 1999? Add ntries in questions 31a—31h; subtract any losses. If net house mater to the dollar amount. Annual amount — Dollars None OR S</pre> | No | First Name |
| Mark () ONE box. No Retirement, survivor, or disability pensions — bo NOT include Social Security. Yes Annual amount — Dollars S S No Na Yes Annual amount — Dollars S S S Yes Annual amount — Dollars S Yes Annual amount — Dollars S S No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net roome was a loss, enter the amount and mark () the dollar amount. Annual amount — Dollars None OR S Other represent sage and what is this person's age and what is this person's date of birth? | . Any public assistance or welfare payments rom the state or local welfare office | |
| No No Retirement, survivor, or disability pensions — 0 NOT include Social Security. Yes Annual amount — Dollars No No Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT nulude lump-sum payments such as money from an nheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars Yes Annual amount — Dollars No No Mat was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net nicome was a loss, enter the amount. Mnaul amount — Dollars None OR \$ | Yes Annual amount — <i>Dollars</i> | 2 How is this person related to Person 1? |
| No Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars Yes Annual amount — Dollars No No No Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars Yes Annual amount — Dollars No No No No No No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net necome was a loss, enter the amount and mark 2 the 'Loss" box next to the dollar amount. Annual amount — Dollars None OR \$ | s 00 | |
| Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars No No No No Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars Yes Annual amount — Dollars No Matural-born son/daughter Stepson/stepdaughter Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship. <i>p</i> If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative What is this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net nore was a loss, enter the amount and mark <i>k</i> the loss: box next to the dollar amount. Annual amount — Dollars None OR <i>s</i> None OR <i>s</i> Male Female What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. | | |
| No Not include Social Security: Yes Annual amount — Dollars No No Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars Yes Annual amount — Dollars No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark () the Loss" box next to the dollar amount. Annual amount — Dollars None OR \$ | | |
| Yes Annual amount — Dollars Yes Annual amount — Dollars No No Any other sources of income received regularly uch as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT nclude lump-sum payments such as money from an nheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars No Mat was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net ncome was a loss, enter the amount and mark (2) the Loss" box next to the dollar amount. Annual amount — Dollars None OR \$ | Do NOT include Social Security. | |
| S No No Any other sources of income received regularly uch as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT nelude lump-sum payments such as money from an otheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars No What was this person's total income in 1999? Add intries in questions 31a—31h; subtract any losses. If net noreme was a loss, enter the amount and mark (X) the Loss" box next to the dollar amount. Annual amount — Dollars None OR S None OR None OR S None OR S None OR <l< td=""><td></td><td></td></l<> | | |
| No No Any other sources of income received regularly uch as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT notlude lump-sum payments such as money from an aberitance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net neceme was a loss, enter the amount and mark (2) the Loss" box next to the dollar amount. Annual amount — Dollars None OR \$ | | |
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| Any other sources of (VA) payments, unemployment compensation, child support, or alimony — Do NOT nelude lump-sum payments such as money from an nheritance or sale of a home. Yes Annual amount — Dollars Yes Annual amount — Dollars No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net neome was a loss, enter the amount and mark (2) the 'Loss'' box next to the dollar amount. Annual amount — Dollars None OR (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) | _ No | |
| <pre>compensation, child support, or alimony - Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount - Dollars Yes Annual amount - Dollars No What was this person's total income in 1999? Add entries in questions 31a-31h; subtract any losses. If net income was a loss, enter the amount and mark 2 the "Loss" box next to the dollar amount. Annual amount - Dollars None OR \$, 00 Loss Are there more people living here? If yes, continue with Person 5. Are there more people living here? If yes, continue with Person 5. Compensation, child support, or alimony - Do NOT Other relative - Print exact relationship. If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative What is this person's sex? Mark ONE box. Male Female What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. </pre> | | |
| Include lump-sum payments such as money from an inheritance or sale of a home. Yes Annual amount — Dollars No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. Annual amount — Dollars None OR Solution Are there more people living here? If yes, continue with Person 5. Output the dollar amount is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. | such as Veterans' (VA) payments, unemployment | |
| If NOT RELATED to Person 1: Image: State of birth? If NOT RELATED to Person 1: Image: State of birth? Image: State of birth? Image: State of birth? Age on April 1, 2000 Image: State of birth? Image: State of birth? Age on April 1, 2000 Image: State of birth? I | nclude lump-sum payments such as money from an | \bigcirc Other relative — Print exact relationship. \mathbf{z} |
| Solution 100 No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. Annual amount — Dollars None OR \$ 000 Loss Are there more people living here? If yes, continue with Person 5. What is this person's age and what is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. | Yes Annual amount — <i>Dollars</i> | |
| No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net ncome was a loss, enter the amount and mark the "Loss" box next to the dollar amount. Annual amount — Dollars None OR \$ | ¢ 00 | |
| What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark () the 'Loss'' box next to the dollar amount. Annual amount — Dollars None OR \$ 0.00 Loss Are there more people living here? If yes, continue with Person 5. What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. | | |
| What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark the 'Loss' box next to the dollar amount. Annual amount — Dollars None OR \$ 000 Loss Are there more people living here? If yes, continue with Person 5. What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. | NO | |
| annual amount — Dollars None OR \$ 000 Continue with Person 5. Are there more people living here? If yes, continue with Person 5. Continue with Person 5. | | |
| annual amount — Dollars None OR \$ 000 Construction of the second sec | What was this person's total income in 1999? Add | |
| *Loss" box next to the dollar amount. Annual amount — Dollars None OR \$ 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ncome was a loss, enter the amount and mark 🕅 the | Other nonrelative |
| Are there more people living here? If yes, continue with Person 5. Are there more people living here? If yes, continue with Person 5. Male What is this person's age and what is this person's date of birth? Age on April 1, 2000 Print numbers in boxes. | | What is this person's sex? Mark 🕅 ONE box. |
| None OR \$ | Annual amount — Dollars | |
| Are there more people living here? If yes, continue with Person 5. person's date of birth? Age on April 1, 2000 Age on April 1, 2000 Print numbers in boxes. Print numbers in boxes. | None OR \$ | |
| Continue with Person 5. Age on April 1, 2000 Print numbers in boxes. | Are there more people living here? If yes, | What is this person's age and what is this person's date of birth? |
| Print numbers in boxes. | continue with Person 5. | Age on April 1, 2000 |
| | | |
| | | |
| | | |
| | | vionun Day Year of birth |
| | | |
| | | |

| • | NOTE: Please answer BOTH Questions 5 and 6. | a. At any time since February 1, 2000, has this person attended regular school or college? <i>Include</i> |
|---|---|--|
| 5 | Is this person Spanish/Hispanic/Latino? Mark 🗴 the "No" box if not Spanish/Hispanic/Latino. | only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. |
| | No , not Spanish/Hispanic/Latino | |
| | Yes, Mexican, Mexican Am., Chicano | No, has not attended since February 1 \rightarrow <i>Skip to 9</i> |
| | Yes, Puerto Rican | Yes, public school, public college |
| | Yes, Cuban | Yes, private school, private college |
| | U Yes, other Spanish/Hispanic/Latino — Print group. ₽ | b. What grade or level was this person attending? Mark X ONE box. |
| | | Nursery school, preschool |
| | | C Kindergarten |
| | | Grade 1 to grade 4 |
| 6 | What is this person's race? <i>Mark</i> 🗶 one or more | Grade 5 to grade 8 |
| Τ | races to indicate what this person considers | Grade 9 to grade 12 |
| | himself/herself to be. | College undergraduate years (freshman to senior) |
| | U White | Graduate or professional school (for example: medical, |
| | 🔲 Black, African Am., or Negro | dental, or law school) |
| | American Indian or Alaska Native — Print name | |
| | of enrolled or principal tribe. $ arrow$ | 9 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 |
| | Asian Indian Native Hawaiian | Nursery school to 4th grade |
| | Chinese Guamanian or | 5th grade or 6th grade |
| | 🗌 Filipino 🦳 Chamorro | 7th grade or 8th grade |
| | Japanese Japanese Samoan | 9th grade |
| | Korean U Other Pacific | 10th grade |
| | Vietnamese Print race. 7 | 11th grade |
| | Other Asian — Print race. \mathbf{z} | 12th grade, NO DIPLOMA |
| | | HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) |
| | | Some college credit, but less than 1 year |
| | | 1 or more years of college, no degree |
| | 🗍 Some other race — Print race. 🍞 | Associate degree (for example: AA, AS) |
| | | Bachelor's degree (for example: BA, AB, BS) |
| | | Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) |
| | | Professional degree (for example: MD, DDS, DVM, LLB, JD) |
| Ý | What is this person's marital status? | Doctorate degree (for example: PhD, EdD) |
| | U Now married | |
| | Widowed | 10 What is this person's ancestry or ethnic origin? |
| | Divorced | |
| | Separated | |
| | Never married | |
| | | (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) |
| | | |

| 11 | | 5 b. Where did this person live 5 years ago? |
|----|---|---|
| Ī | English at home? | Name of city, town, or post office |
| | Yes | |
| | \bigcup No \rightarrow Skip to 12 | |
| | b. What is this language? | Did this person live inside the limits of the city or town? |
| | | Yes |
| | (For example: Korean, Italian, Spanish, Vietnamese) | No, outside the city/town limits |
| | c. How well does this person speak English? | Name of municipio or U.S. county |
| | Very well | |
| | | Enter Puerto Rico or name of U.S. state |
| | Not well Not at all | |
| | | ZIP Code |
| Y | Where was this person born? | |
| | In the onited states — Print name of state. | |
| | Outside the United States — Print Puerto Rico or name | Does this person have any of the following long-lasting conditions: |
| | of foreign country, U.S. Virgin Islands, Guam, etc. | Yes No |
| | | a. Blindness, deafness, or a severe vision or hearing impairment? |
| 1 | | b. A condition that substantially limits one or more basic physical activities |
| | \Box Yes, born in Puerto Rico \rightarrow <i>Skip to 15a</i> | such as walking, climbing stairs, |
| | Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Mariana Islands | reaching, lifting, or carrying? |
| | Yes, born abroad of American parent or parents | 7 Because of a physical, mental, or emotional |
| | Yes, a U.S. citizen by naturalization | condition lasting 6 months or more, does this person have any difficulty in doing any of |
| | No, not a citizen of the United States | the following activities: |
| 14 | When did this person come to live in Puerto Rico? Print numbers in boxes. | a. Learning, remembering, or |
| | Year | concentrating? |
| | | b. Dressing, bathing, or getting around inside the home? |
| 1 | a. Did this person live in this house or apartment | c. (Answer if this person is 16 YEARS OLD |
| | 5 years ago (on April 1, 1995)? | OR OVER.) Going outside the home alone to shop or visit a doctor's office? |
| | Person is under 5 years old \rightarrow <i>Skip to 33</i> | d. (Answer if this person is 16 YEARS OLD |
| | $\bigcup \text{ Yes, this house} \rightarrow Skip \text{ to } 16$ | OR OVER.) Working at a job or business? |
| | No, outside Puerto Rico or the United States — Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then skip to 16. | 8 Was this person under 15 years of age on April 1, 2000? |
| | | $\Box \text{ Yes} \rightarrow Skip \text{ to } 33$ |
| | No. different house in Buarte Pice or the United States | |
| | ○ No, different house in Puerto Rico or the United States | |
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| 9 | b. Is this grandparent currently responsible for | LAST WEEK, did this person do ANY work for either pay or profit? Mark 🗶 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. |
|---|--|---|
| | <pre>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 20a 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. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 years or more a. 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 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 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No, never served in the military → Skip to 21 No may 1975 to August 1980 Vietnam era (August 1964—April 1975) February 1955 to July 1964 Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) Some other time </pre> | No → Skip to 25a 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. Development or condominium name; 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.) b. Name of city, town, or post office . Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of municipio or U.S. county f. ZIP Code a. 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 the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Público Subway or elevated Railroad |
| | c. In total, how many years of active-duty military service has this person had? Less than 2 years 2 years or more | Ferryboat Taxicab Motorcycle Bicycle Walked Worked at home \rightarrow <i>Skip to 27</i> Other method |



| 29 | Was this person — Mark ONE box. Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization Local GOVERNMENT employee (<i>city, county, municipio, etc.</i>) State GOVERNMENT employee Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business, | c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account. Yes Annual amount — Dollars No d. Social Security or Railroad Retirement Yes Annual amount — Dollars S No |
|----|---|--|
| | professional practice, or farm Working WITHOUT PAY in family business or farm | a Supplemental Society Income (SSI) |
| | с. , , , , , , , , , , , , , , , , , , , | e. Supplemental Security Income (SSI) Yes Annual amount — Dollars |
| 30 | a. LAST YEAR, 1999, did this person work at a job or business at any time? | |
| | □ Yes | \$ |
| | $\square \text{ No} \rightarrow Skip \text{ to } 31$ | |
| | b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. | f. Any public assistance or welfare payments from the state or local welfare office |
| | Weeks | Yes Annual amount — <i>Dollars</i> |
| | | \$ |
| | c. During the weeks WORKED in 1999, how many | □ No |
| | hours did this person usually work each WEEK? Usual hours worked each WEEK | g. Retirement, survivor, or disability pensions — <i>Do NOT include Social Security.</i> |
| | | Yes Annual amount — <i>Dollars</i> |
| 31 | INCOME IN 1999 — Mark 🗶 the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark 🗶 the "No" box if the income source was not received. If net income was a loss, enter the amount and mark 🔊 the "Loss" box next to the dollar amount. | No h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment |
| | For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark 🗵 the "No" box for the other person. If exact amount is | compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. |
| | | Yes Annual amount — <i>Dollars</i> |
| | not known, please give best estimate. | \$, .00 |
| | a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for | □ No |
| | taxes, bonds, dues, or other items. | What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net |
| | Yes Annual amount — <i>Dollars</i> | income was a loss, enter the amount and mark 🗶 the |
| | \$, .00 | "Loss" box next to the dollar amount. Annual amount — Dollars |
| | U No | |
| | b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — <i>Report NET</i> income after business expenses. | None OR Are there more people living here? If yes, continue with Person 6. |
| | Yes Annual amount — <i>Dollars</i> | |
| | \$, .00 D Loss | |

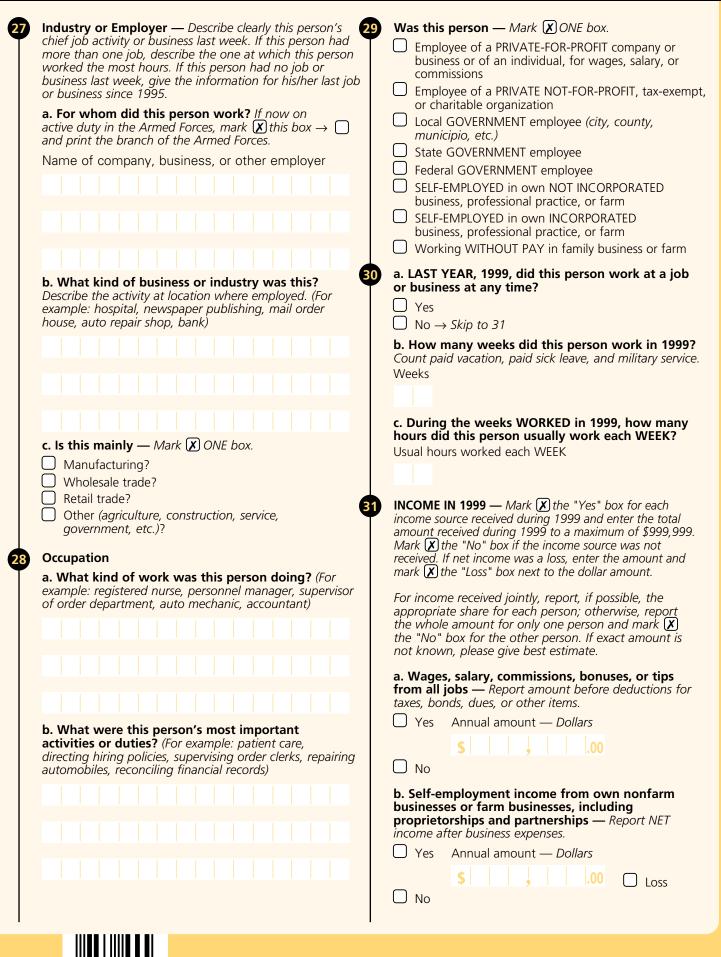
| Housing information helps your community plan for police and fire protection. | Is this person Spanish/Hispanic/Latino? Mark ("No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print grout |
|---|--|
| What is this person's name? Print the name of Person 6 from page 2. Last Name First Name MI | 6 What is this person's race? Mark (X) one or more races to indicate what this person considers himself/herself to be. |
| How is this person related to Person 1? Mark 🖉 ONE box. Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship. r If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child | White Black, African Am., or Negro American Indian or Alaska Native — Print name enrolled or principal tribe. <i>y</i> Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — Print race. <i>y</i> Some other race — Print race. <i>y</i> |
| Other nonrelative What is this person's sex? Mark ONE box. Male Female What is this person's age and what is this person's date of birth? Age on April 1, 2000. Print numbers in boxes. Month Day Year of birth Month Day Lear of birth | What is this person's marital status? Now married Widowed Divorced Separated Never married |

| 8 a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. | a. Does this person speak a language other than English at home? Yes No → Skip to 12 |
|--|--|
| \bigcirc No, has not attended since February 1 \rightarrow <i>Skip to</i> 9 | b. What is this language? |
| Yes, public school, public college | |
| Yes, private school, private college | |
| b. What grade or level was this person attending? | (For example: Korean, Italian, Spanish, Vietnamese) |
| Mark 🗶 ÖNE box. | c. How well does this person speak English? |
| Nursery school, preschool | Very well |
| 🗌 🗍 Kindergarten | U Well |
| Grade 1 to grade 4 | 💭 Not well |
| Grade 5 to grade 8 | 🗋 Not at all |
| Grade 9 to grade 12 | 12 Where was this person born? |
| College undergraduate years (freshman to senior) | In the United States — Print name of state. |
| Graduate or professional school (for example: | In the United States — Print hame of state. |
| medical, dental, or law school) | |
| 9 What is the highest degree or level of school | Outside the United States — Print Puerto Rico or name |
| this person has COMPLETED? Mark X ONE box. | of foreign country, U.S. Virgin Islands, Guam, etc. |
| If currently enrolled, mark the previous grade or highest degree received. | |
| No schooling completed | 13 Is this person a CITIZEN of the United States? |
| Nursery school to 4th grade | Yes, born in Puerto Rico \rightarrow <i>Skip to 15a</i> |
| 5th grade or 6th grade | $\bigcirc \text{ Yes, born in a U.S. state, District of Columbia, Guam,}$ |
| 7th grade or 8th grade | the U.S. Virgin Islands, or Northern Mariana Islands |
| 9th grade | Yes, born abroad of American parent or parents |
| 10th grade | Yes, a U.S. citizen by naturalization |
| 11th grade | No, not a citizen of the United States |
| 12th grade, NO DIPLOMA | |
| HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) | When did this person come to live in Puerto Rico? <i>Print numbers in boxes.</i> |
| | Year |
| Some college credit, but less than 1 year | |
| 1 or more years of college, no degree | |
| Associate degree (for example: AA, AS) | 15 a. Did this person live in this house or apartment |
| Bachelor's degree (for example: BA, AB, BS) | 5 years ago (on April 1, 1995)? |
| Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) | \Box Person is under 5 years old \rightarrow <i>Skip to 33</i> |
| Professional degree (for example: MD, DDS, DVM, | \Box Yes, this house \rightarrow <i>Skip to 16</i> |
| LLB, JD) Doctorate degree (for example: PhD, EdD) | No, outside Puerto Rico or the United States — Print name of foreign country, or U.S. Virgin Islands, |
| | Guam, etc., below; then skip to 16. |
| What is this person's ancestry or ethnic origin? | |
| | No, different house in Puerto Rico or the United States |
| | |
| (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) | |
| | |

| | b. Where did this person live 5 years ago? Name of city, town, or post office | | 19 | a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? | |
|----|--|------------|------------|--|--|
| | | | | | Yes |
| | Did this person live inside the limits of the city | | | | \square No \rightarrow Skip to 20a |
| | or town? Yes No, outside the city/town limits Name of municipio or U.S. county | | | | 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? |
| | | | | | Yes |
| | | | | | \bigcirc No \rightarrow Skip to 20a |
| | Enter Puerto Rico or name of U.S. state | | | | 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. |
| | ZIP Code | | | | |
| | | | | | Less than 6 months |
| | | | | | 6 to 11 months |
| 16 | Does this person have any of the follow | ving | | | 1 or 2 years |
| | long-lasting conditions: | Yes | No | | 3 or 4 years |
| | a. Blindness, deafness, or a severe | _ | | | 5 years or more |
| | vision or hearing impairment? b. A condition that substantially limits | \bigcirc | | 20 | a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or |
| | one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | | | | National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |
| 17 | | | | | Yes, now on active duty |
| | Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of | | | | Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 21 |
| | the following activities: | Yes | No | | \square No, never served in the military \rightarrow <i>Skip to 21</i> |
| | a. Learning, remembering, or concentrating? | | | | b. When did this person serve on active duty in the U.S. Armed Forces? <i>Mark</i> X a box for |
| | b. Dressing, bathing, or getting around inside the home? | | | | EACH period in which this person served. April 1995 or later |
| | c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | | \square | | August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 |
| | d. (Answer if this person is 16 YEARS OLD | \bigcirc | \bigcirc | | May 1975 to August 1980 |
| | OR OVER.) Working at a job or business? | | | | Vietnam era (August 1964—April 1975) |
| | | | | | February 1955 to July 1964 |
| 12 | Was this person under 15 years of age | on | | | Korean conflict (June 1950—January 1955) |
| Ψ | April 1, 2000? | • | | | 🔘 World War II (September 1940—July 1947) |
| | \Box Yes \rightarrow Skip to 33 | | | | Some other time |
| | No No | | | | c. In total, how many years of active-duty military service has this person had? |
| | | | | | Less than 2 years |
| | | | | | 2 years or more |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |



| 21 LAST WEEK, did this person do ANY work for either pay or profit? <i>Mark</i> (<i>X</i>) the "Yes" box even if the | If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. |
|---|---|
| active duty in the Armed Forces. | b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? |
| Yes No → Skip to 25a At what location did this person work LAST WEEK? If this person worked at more than one location, | Drove alone 2 people 3 people |
| a. Development or condominium name; Number and street name | 4 people 5 or 6 people 7 or more people |
| | a. What time did this person usually leave home to go to work LAST WEEK? |
| (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. How many minutes did it usually take this person to get from home to work LAST WEEK? |
| b. Name of city, town, or post office | Minutes |
| c. Is the work location inside the limits of that | Answer questions 25–26 for persons who did not |
| city or town? | work for pay or profit last week. Others skip to 27. |
| No, outside the city/town limits | a. LAST WEEK, was this person on layoff from a job? |
| d. Name of municipio or U.S. county | $\bigcup Yes \rightarrow Skip \ to \ 25c$ $\bigcup No$ |
| e. Enter Puerto Rico or name of U.S. state or foreign country | b. LAST WEEK, was this person TEMPORARILY absent from a job or business? |
| | Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 26 No → Skip to 25d |
| 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? |
| a. 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 | $\Box Yes \rightarrow Skip \ to \ 25e$ $\Box No$ |
| one used for most of the distance. Car, truck, or van Bus or trolley bus | d. Has this person been looking for work during the last 4 weeks? |
| Público | \square No \rightarrow Skip to 26 |
| Subway or elevated Railroad | e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? |
| Ferryboat Taxicab Motorcycle | Yes, could have gone to work No, because of own temporary illness No, because of all other reasons <i>(in school, etc.)</i> |
| Bicycle 2 Walked | When did this person last work, even for a few days? |
| $\bigcup \text{ Worked at home} \rightarrow Skip \text{ to } 27$ $\bigcup \text{ Other method}$ | □ 1995 to 2000 □ 1994 or earlier, or never worked \rightarrow <i>Skip to 31</i> |



| 31 | c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account. |
|----|---|
| | Ses Annual amount — Dollars |
| | \$.00 Loss |
| | □ No |
| | d. Social Security or Railroad Retirement |
| | Yes Annual amount — Dollars |
| | \$.00 |
| | No No |
| | e. Supplemental Security Income (SSI) |
| | Yes Annual amount — <i>Dollars</i> |
| | \$.00 |
| | No No |
| | f. Any public assistance or welfare payments from the state or local welfare office |
| | Yes Annual amount — <i>Dollars</i> |
| | \$ 00 |
| | □ No |
| | g. Retirement, survivor, or disability pensions — Do NOT include Social Security. |
| | Yes Annual amount — <i>Dollars</i> |
| | \$ |
| | No No |
| | h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. |
| | Yes Annual amount — <i>Dollars</i> |
| | \$.00 |
| 32 | |
| | Annual amount — <i>Dollars</i> |
| | None OR \$00 Los |
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Thank you for completing your official Census 2000 – Puerto Rico form. If there are more than six people at this address, the Census Bureau may contact you for the same information about these people.







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