What is your name?
Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today’s date.

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

¿NECESITA AYUDA?
Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625.

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

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

Start Here

This form asks for three types of information:
• basic information about the people who are living or staying at the address on the mailing label above
• specific information about this house, apartment, or mobile home
• more detailed information about each person living or staying here

What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today’s date.

Last Name
First Name
Area Code + Number
Date (Month/Day/Year)

How many people are living or staying at this address?
Number of people

Please turn to the next page to continue.
## List of Residents

### Person 1
- **Last Name (Please print):**
- **First Name:**
- **Middle Initial (MI):**
- **Sex:**
  - Male
  - Female
- **Age (in years):**
- **Month:**
- **Day:**
- **Year of birth:**
- **Relationship of Person 1 to Person 1:**
  - Husband or wife
  - Son or daughter
  - Brother or sister
  - Other relative
- **In-law:**
- **Other nonrelative:**
  - Foster child
  - Other nonrelative

### Person 2
- **Last Name (Please print):**
- **First Name:**
- **Middle Initial (MI):**
- **Sex:**
  - Male
  - Female
- **Age (in years):**
- **Month:**
- **Day:**
- **Year of birth:**
- **Relationship of Person 2 to Person 1:**
  - Husband or wife
  - Son or daughter
  - Brother or sister
  - Other relative
- **In-law:**
- **Other nonrelative:**
  - Foster child
  - Other nonrelative

### Person 3
- **Last Name (Please print):**
- **First Name:**
- **Middle Initial (MI):**
- **Sex:**
  - Male
  - Female
- **Age (in years):**
- **Month:**
- **Day:**
- **Year of birth:**
- **Relationship of Person 3 to Person 1:**
  - Husband or wife
  - Son or daughter
  - Brother or sister
  - Other relative
- **In-law:**
- **Other nonrelative:**
  - Foster child
  - Other nonrelative

### Person 4
- **Last Name (Please print):**
- **First Name:**
- **Middle Initial (MI):**
- **Sex:**
  - Male
  - Female
- **Age (in years):**
- **Month:**
- **Day:**
- **Year of birth:**
- **Relationship of Person 4 to Person 1:**
  - Husband or wife
  - Son or daughter
  - Brother or sister
  - Other relative
- **In-law:**
- **Other nonrelative:**
  - Foster child
  - Other nonrelative

### Person 5
- **Last Name (Please print):**
- **First Name:**
- **Middle Initial (MI):**
- **Sex:**
  - Male
  - Female
- **Age (in years):**
- **Month:**
- **Day:**
- **Year of birth:**
- **Relationship of Person 5 to Person 1:**
  - Husband or wife
  - Son or daughter
  - Brother or sister
  - Other relative
- **In-law:**
- **Other nonrelative:**
  - Foster child
  - Other nonrelative

### Person 6
- **Last Name (Please print):**
- **First Name:**
- **Middle Initial (MI):**

### Person 7
- **Last Name (Please print):**
- **First Name:**
- **Middle Initial (MI):**

### Person 8
- **Last Name (Please print):**
- **First Name:**
What is this person's marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

Is this person Spanish/Hispanic/Latino?

- Yes, not Spanish/Hispanic/Latino
- Yes, Puerto Rican
- Yes, Mexican, Mexican Am., Chicano
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino — Print group.

What is this person's race? Mark (X) one or more races to indicate what this person considers himself/herself to be.

- White
- Black or African American
- American Indian or Alaska Native – Print name of enrolled or principal tribe.
- Asian Indian
- Chinese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race below.
- Japanese
- Filipino
- Korean
- Vietnamese
- Other Asian – Print race.
- Other Asian – Print race below.

NOTE: Please answer BOTH Questions 5 and 6.

Mark (X) the "No" box if not Spanish/Hispanic/Latino.

When you are finished, turn the page and continue with the Housing section.
Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

1 Which best describes this building? Include all apartments, flats, etc., even if vacant.
   - A mobile home
   - A one-family house detached from any other house
   - A one-family house attached to one or more houses
   - A building with 2 apartments
   - A building with 3 or 4 apartments
   - A building with 5 to 9 apartments
   - A building with 10 to 19 apartments
   - A building with 20 to 49 apartments
   - A building with 50 or more apartments
   - Boat, RV, van, etc.

2 About when was this building first built?
   - 2000 or later
   - 1995 to 1999
   - 1990 to 1994
   - 1980 to 1989
   - 1970 to 1979
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

3 When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?
   - Month
   - Year

4 How many acres is this house or mobile home on?
   - Less than 1 acre → SKIP to question 6
   - 1 to 9.9 acres
   - 10 or more acres

5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?
   - None
   - $1 to $999
   - $1,000 to $2,499
   - $2,500 to $4,999
   - $5,000 to $9,999
   - $10,000 or more

6 How many bedrooms are in this house, apartment, or mobile home; 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
   - 5 or more bedrooms

7 How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
   - 1 room
   - 2 rooms
   - 3 rooms
   - 4 rooms
   - 5 rooms
   - 6 rooms
   - 7 rooms
   - 8 rooms
   - 9 or more rooms

8 How many bedrooms are in this house, apartment, or mobile home; 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
   - 5 or more bedrooms

9 Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?
   - Yes, has all three facilities
   - No

10 Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?
    - Yes, has all three facilities
    - No

11 Is there a business (such as a store or barber shop) or a medical office on this property?
   - Yes
   - No

12 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
   - None
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6 or more

Housing information helps your community plan for police and fire protection.
### Housing (continued)

#### 13. 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

#### 14. a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
- Last month's cost – Dollars $0.00
- OR
  - Included in rent or condominium fee
  - No charge or electricity not used

#### 15. b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
- Last month's cost – Dollars $0.00
- OR
  - Included in rent or condominium fee
  - No charge or gas not used

#### 16. c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.
- Past 12 months' cost – Dollars $0.00
- OR
  - Included in rent or condominium fee
  - No charge

#### 17. d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.
- Past 12 months' cost – Dollars $0.00
- OR
  - Included in rent or condominium fee
  - No charge or these fuels not used

#### 18. a. What is the monthly rent for this house, apartment, or mobile home?
- Monthly amount – Dollars $0.00

#### 19. a. What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?
- Less than $10,000
- $10,000 to $14,999
- $15,000 to $19,999
- $20,000 to $24,999
- $25,000 to $29,999
- $30,000 to $34,999
- $35,000 to $39,999
- $40,000 to $49,999
- $50,000 to $59,999
- $60,000 to $69,999
- $70,000 to $79,999
- $80,000 to $89,999
- $90,000 to $99,999
- $100,000 to $124,999
- $125,000 to $149,999
- $150,000 to $174,999
- $175,000 to $199,999
- $200,000 to $249,999
- $250,000 or more – Specify $0.00

#### 20. Answer questions 19a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.
- OR
- Included in rent or condominium fee
- No charge or these fuels not used

#### 21. b. Does the monthly rent include any meals?
- Yes
- No

#### 22. d. IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?
- Past 12 months' value – Dollars $0.00
- OR
- Included in rent or condominium fee
- No charge

#### 23. Is this house, apartment, or mobile home part of a condominium?
- Yes
- No

#### 24. Is this house, apartment, or mobile home –
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent?

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ACS-1(2003), Page 5, Base (Black)
What are the annual real estate taxes on THIS property?

Annual amount – Dollars
$ .00

OR

None

What is the annual payment for fire, hazard, and flood insurance on THIS property?

Annual amount – Dollars
$ .00

OR

None

a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

☐ Yes, mortgage, deed of trust, or similar debt
☐ Yes, contract to purchase
☐ No → SKIP to question 23a

b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars
$ .00

OR

☐ No regular payment required → SKIP to 23a

c. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

☐ Yes, insurance included in mortgage payment
☐ No, insurance paid separately or no insurance

Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to 24a.

What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.

Annual costs – Dollars
$ .00

a. Do you or any member of this household live or stay at this address year round?

☐ Yes → SKIP to the questions for Person 1 on the next page
☐ No

b. How many months a year do members of this household stay at this address?

Months

Answer 28 ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.

c. What is the main reason members of this household are staying at this address?

☐ This is their permanent address
☐ This is their seasonal or vacation address
☐ To be close to work
☐ To attend school or college
☐ Looking for permanent housing
☐ Other reason(s) – Specify

Continue with the questions about PERSON 1 on the next page.
Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.

Last Name

First Name

Where was this person born?

☐ In the United States – Print name of State.

☐ Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a CITIZEN of the United States?

☐ Yes, born in the United States → Skip to 10a

☐ Yes, born in Puerto Rico, Guan, the U.S. Virgin Islands, or Northern Marianas

☐ Yes, born abroad of American parent or parents

☐ Yes, U.S. citizen by naturalization

☐ No, not a citizen of the United States

When did this person come to live in the United States? Print numbers in boxes.

Year

a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

☐ No, has not attended in the last 3 months → Skip to question 11

☐ 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 (freshmen 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 (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

☐ No schooling completed

☐ Nursery school to 4th grade

☐ 5th grade or 6th grade

☐ 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: BA, AB, BS)

☐ Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)

☐ Professional degree (for example: MD, DDS, DVM, J.D)

☐ Doctorate degree (for example: PhD, EdD)

What is this person’s ancestry or ethnic origin? For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Han, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.

Where did this person live 1 year ago?

Name of city, town, or post office

ZIP Code

Name of county

Is this person a CITIZEN of the United States?

☐ Yes

☐ No, different house in the United States

a. Did this person live in this house or apartment 1 year ago?

☐ Yes, living here 1 year ago → Skip to the questions for Person 2 on page 10.

☐ Yes, this house → Skip to 15a

☐ No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then Skip to 15a

b. Where did this person live 1 year ago?

Name of city, town, or post office

Is this person under 1 year old?

☐ No

☐ Yes, different house in the United States

Does this person have any of the following long-lasting conditions:

a. Blindness, deafness, or a severe vision or hearing impairment?

☐ Yes

☐ No → Skip to question 14

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

What is this person’s language?

For example: Korean, Italian, Spanish, Vietnamese

How well does this person speak English?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

Does this person have any of the following long-lasting conditions:

a. Learning, remembering, or concentrating?

☐ Yes

☐ No

b. Dressing, bathing, or getting around inside the home?

☐ Yes

☐ No

Your answers are important! Every person in the American Community Survey counts.
Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- Going outside the home alone to shop or visit a doctor's office? [ ] Yes  [ ] No
- Working at a job or business? [ ] Yes  [ ] No

Answer question 18 ONLY if this person is female and 15–50 years old. Otherwise, SKIP to question 19a.

Has this person given birth to any children in the past 12 months?  [ ] Yes  [ ] 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 question 20
b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who lives in this house or apartment?  [ ] Yes  [ ] No → SKIP to question 20
c. How long has this grandparent been responsible for the 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 to 2 years
   - 2 to 4 years
   - 5 or more years

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, on active duty during the last 12 months, but not now
   - Yes, on active duty in the past, but not during the last 12 months
   - No, training for Reserve or National Guard only → SKIP to question 23
   - No, never served in the military → SKIP to question 23

When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - September 1980 to July 1990
   - May 1975 to August 1980
   - Vietnam era (August 1964 to April 1975)
   - March 1961 to July 1964
   - February 1955 to February 1961
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

How many years of active-duty military service has this person had?
   - Less than 2 years
   - 2 years or more

In total, how many years of active-duty military service has this person had?
   - Less than 6 months
   - 6 to 11 months
   - 1 to 2 years
   - 2 to 4 years
   - 5 or more years

How many years of active duty has this person had?
   - Less than 6 months
   - 6 to 11 months
   - 1 to 2 years
   - 2 to 4 years
   - 5 or more years

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the week, mark (X) the box of the one used for most of the distance.
   - Car, truck, or van
   - Bus or trolley bus
   - Streetcar or trolley car
   - Subway or elevated
   - Railroad
   - Ferryboat
   - Taxicab
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at home → SKIP to question 33
   - Other method

What time did this person usually leave home to go to work LAST WEEK?

Hour  [ ] a.m.  [ ] p.m.
Minute  [ ]

How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

How many minutes did it usually take this person to get from home to work LAST WEEK?
Person 1 (continued)

30 Has this person been looking for work during the last 4 weeks?
- Yes
- No → SKIP to question 32

31 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.) → SKIP to question 41

32 When did this person last work, even for a few days?
- Within the past 12 months
- 1 to 5 years ago → SKIP to question 35
- Over 5 years ago or never worked → SKIP to question 41

33 During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks

34 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK

Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.

35 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person –
- Mark (X) ONE box.
- an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

For whom did this person work?
- If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.
- Name of company, business, or other employer

What kind of business or industry was this?
- Describe the activity at the location where employed.
- (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly – Mark (X) one box.
- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example, registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person’s most important activities or duties? (For example, patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

INCOME IN THE PAST 12 MONTHS.
Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The “past 12 months” is the period from today’s date one year ago up through today.)
Mark (X) the “No” box to show types of income NOT received.

If net income was a loss, mark the “Loss” box to the right of the dollar amount.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
- Yes → $ TOTAL AMOUNT for past 12 MONTHS
- No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
- Yes → $ TOTAL AMOUNT for past 12 MONTHS
- No

Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
- Yes → $ TOTAL AMOUNT for past 12 MONTHS
- No

Loss

d. Social Security or Railroad Retirement.
- Yes → $ TOTAL AMOUNT for past 12 MONTHS
- No

Loss

e. Supplemental Security Income (SSI).
- Yes → $ TOTAL AMOUNT for past 12 MONTHS
- No

Loss

f. Any public assistance or welfare payments from the state or local welfare office.
- Yes → $ TOTAL AMOUNT for past 12 MONTHS
- No

Loss

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
- Yes → $ TOTAL AMOUNT for past 12 MONTHS
- No

Loss

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 the sale of a home.
- Yes → $ TOTAL AMOUNT for past 12 MONTHS
- No

Loss

What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.
- None OR $ TOTAL AMOUNT for past 12 MONTHS
- $ TOTAL AMOUNT for past 12 MONTHS
- Loss

Continues with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.
Please copy the name of Person 2 from the List of Residents on page 2, then continue answering questions below.

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

1. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.
   - No, has not attended in the last 3 months → SKIP to question 11
   - Yes, public school, public college
   - Yes, private school, private college
   - 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)

2. What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box.
   - 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: BA, AB, BS)
   - Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)
   - Professional degree (for example: MD, DDS, DVM, LLB, JD)
   - Doctorate degree (for example: PhD, EdD)

3. When did this person come to live in the United States? Print numbers in boxes.

4. Is this person a CITIZEN of the United States?
   - Yes, born in the United States → Skip to 7a
   - Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
   - Yes, born abroad of American parent or parents
   - Yes, U.S. citizen by naturalization
   - No, not a citizen of the United States

5. Where was this person born?
   - In the United States – Print name of state.
   - Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.
   - Yes, born in Puerto Rico, Guam, etc.
   - Yes, born in the United States – Print name of state.
   - Yes, born in Puerto Rico, Guam, etc.
   - Yes, born abroad of American parent or parents
   - Yes, U.S. citizen by naturalization
   - No, not a citizen of the United States

6. When did this person come to live in the United States? Print numbers in boxes.

7. Where was this person born?
   - In the United States – Print name of state.
   - Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.
   - Yes, born in Puerto Rico, Guam, etc.
   - Yes, born in the United States – Print name of state.
   - Yes, born abroad of American parent or parents
   - Yes, U.S. citizen by naturalization
   - No, not a citizen of the United States

8. Is this person a CITIZEN of the United States?
   - Yes, born in the United States → Skip to 7a
   - Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
   - Yes, born abroad of American parent or parents
   - Yes, U.S. citizen by naturalization
   - No, not a citizen of the United States

9. When did this person come to live in the United States? Print numbers in boxes.

10. Does this person have any of the following long-lasting conditions:
    a. Blindness, deafness, or a severe vision or hearing impairment?
    - Yes
    - No → SKIP to question 14
    b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
    - Yes
    - No

11. Does this person speak a language other than English at home?
    - Yes
    - No → SKIP to question 14

12. b. What is this language?
    - For example: Korean, Italian, Spanish, Vietnamese

13. c. How well does this person speak English?
    - Very well
    - Well
    - Not well
    - Not at all

14. Did this person live in this house or apartment 1 year ago?
    - Yes, this house → SKIP to 7a
    - No, not the United States

15. Does this person have any of the following long-lasting conditions:
    a. Blindness, deafness, or a severe vision or hearing impairment?
    - Yes
    - No
    b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
    - Yes
    - No

16. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
    a. Learning, remembering, or concentrating?
    - Yes
    - No
    b. Dressing, bathing, or getting around inside the home?
    - Yes
    - No
Person 2 (continued)

21. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - September 1980 to July 1990
   - May 1975 to August 1980
   - Vietnam era (August 1964 to April 1975)
   - March 1961 to July 1964
   - February 1955 to February 1961
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

22. In total, how many years of active-duty military service has this person had?
   - Less than 2 years
   - 2 years or more

23. 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 either pay or profit?
   - Yes
   - No

24. At what location did this person work LAST WEEK?
   - a. Address (Number and street name)
   - If the exact address is unknown, 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

25. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
   - Car, truck, or van
   - Motorcycle
   - Bus or trolley bus
   - Bicycle
   - Streetcar or trolley car
   - Walked
   - Subway or elevated
   - Suburban train or railroad
   - Ferryboat
   - Taxicab
   - Other method

26. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
   - Person(s)

27. What time did this person usually leave home to go to work LAST WEEK?
   - Hour
   - Minute
   - a.m.
   - p.m.

28. How many minutes did it usually take this person to get from home to work last week?
   - Minutes

29. How many minutes did it usually take this person to get home from work LAST WEEK?
   - Minutes

30. Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

31. a. LAST WEEK, was this person on layoff from a job?
   - Yes
   - No
   - Yes → SKIP to question 29c
   - No

32. b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
   - Yes, on vacation, temporary illness, labor dispute, etc.
   - Yes → SKIP to question 30
   - No
   - No → SKIP to question 30

33. c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
   - Yes
   - No
   - Yes → SKIP to question 31
   - No
30 Has this person been looking for work during the last 4 weeks?
   Yes
   No → SKIP to question 32

31 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
   Yes
   No, because of own temporary illness
   No, because of all other reasons (in school, etc.)

32 When did this person last work, even for a few days?
   Within the past 12 months
   1 to 5 years ago → SKIP to question 35
   Over 5 years ago or never worked → SKIP to question 41

33 During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks

34 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK

35 Was this person –
   Mark (X) ONE box.
   an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?
   an employee of a PRIVATE NON PROFIT, tax-exempt, or charitable organization?
   a local GOVERNMENT employee (city, county, etc.)?
   a state GOVERNMENT employee?
   a Federal GOVERNMENT employee?
   SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
   SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   working WITHOUT PAY in family business or farm?

36 For whom did this person work?
   If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.
   Name of company, business, or other employer

37 What kind of business or industry was this?
   Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

38 Is this mainly –
   Mark (X) one box.
   manufacturing?
   retail trade?
   other (agriculture, construction, service, government, etc.)?

39 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

40 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

41 INCOME IN THE PAST 12 MONTHS.
   Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.
   Mark (X) one box.
   a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
   b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
   c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
   d. Social Security or Railroad Retirement.
   e. Supplemental Security Income (SSI).
   f. Any public assistance or welfare payments from the state or local welfare office.
   g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
   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 the sale of a home.
   i. Any public assistance or welfare payments from Federal, state, or local government, etc.

42 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
   None OR
   TOTAL AMOUNT for past 12 MONTHS
   Loss
   Total

43 Continue with the questions for Person 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.
Information about children helps your community plan for child care, education, and recreation.

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received:

- No schooling completed
- Nursery school to 4th grade
- 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. Did this person live in this house or apartment 1 year ago?
- Person under 1 year old → SKIP to the questions for Person 4 on page 16.
- Yes, this house → SKIP to question 10
- No, outside the United States → Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to question 10
- No, different house in the United States

b. Where did this person live 1 year ago?
- Name of city, town, or post office
- Name of county
- Name of state
- ZIP Code

Does this person have any of the following long-lasting conditions:

- a. Blindness, deafness, or a severe vision or hearing impairment?
- Yes
- No → SKIP to question 14

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 emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- a. Learning, remembering, or concentrating?
- Yes
- No

b. Dressing, bathing, or getting around inside the home?

Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 16.

a. Does this person speak a language other than English at home?
- Yes
- No → SKIP to question 14

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
Person 3 (continued)

Answer question 17 ONLY if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.

17 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
   a. Going outside the home alone to shop or visit a doctor’s office? Yes No
   b. Working at a job or business? Yes No

Answer question 18 ONLY if this person is female and 15—50 years old. Otherwise, SKIP to the question 19a.

18 Has this person given birth to any children in the past 12 months? Yes 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 question 20

   b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who lives in this house or apartment? Yes No → SKIP to question 20

   c. How long has this grandparent been responsible for the 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 to 2 years 3 or 4 years 5 or more years

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 during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only → SKIP to question 23 No, never served in the military → SKIP to question 23

When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period:
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - September 1980 to July 1990
   - May 1975 to August 1980
   - Vietnam era (August 1964 to April 1975)
   - March 1961 to July 1964
   - February 1955 to February 1961
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the time.
   - Car, truck, or van
   - Bus or trolley bus
   - Streetcar or trolley car
   - Subway or elevated railroad
   - Ferryboat
   -Taxicab
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at home → SKIP to question 33
   - Other method

Answer question 26 ONLY if you marked “Car, truck, or van” in question 25. Otherwise, SKIP to question 27.

How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)

What time did this person usually leave home to go to work LAST WEEK?
   Hour Minute a.m. p.m.

How many minutes did it usually take this person to get from home to work LAST WEEK?

Answer questions 29–32 ONLY if this person did NOT work last week. Otherwise, SKIP to question 33.

   a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 29c No
   b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32
   c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 31
      No

In total, how many years of active-duty military service has this person had?
   - Less than 2 years
   - 2 years or more

At what location did this person work LAST WEEK? If this person worked at more than one location, print the name or the nearest street or intersection.
   a. Address (Number and street name)
   b. Name of city, town, or post office
   c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits
   d. Name of county
   e. Name of U.S. state or foreign country
   f. ZIP Code
30 Has this person been looking for work during the last 4 weeks?
☐ Yes
☐ No → SKIP to question 32

31 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
☐ Yes, could have gone to work of their own accord
☐ No, because of own temporary illness
☐ No, because of all other reasons (in school, etc.)

32 When did this person last work, even for a few days?
☐ Within the past 12 months
☐ 1 to 5 years ago → SKIP to question 35
☐ Over 5 years ago or never worked → SKIP to question 41

33 During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks

34 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

35 What was this person –?
Mark (X) one box.
☐ an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?
☐ an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?
☐ a local GOVERNMENT employee (city, county, etc.)?
☐ a state GOVERNMENT employee?
☐ a federal GOVERNMENT employee?
☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
☐ working WITHOUT PAY in family business or farm?

36 For whom did this person work?
If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.
Name of company, business, or other employer

37 What kind of business or industry was this?
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

38 Is this mainly:
☐ manufacturing?
☐ wholesale trade?
☐ retail trade?
☐ other (agriculture, construction, service, government, etc.)?

39 What kind of work was this person doing? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

40 What were this person’s most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

41 INCOME IN THE PAST 12 MONTHS.
Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today’s date one year ago up through today.)

42 What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

43 Continue with the questions for Person 4 on the next page. If only 3 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.
Knowing about age, race, and sex helps your community better meet the needs of everyone.

Person 4

Please copy the name of Person 4 from the List of Residents on page 2, then continue answering questions below.

Last Name

First Name

Where was this person born?
- In the United States – Print name of state.
- Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a CITIZEN of the United States?
- Yes, born in the United States → Skip to 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- Yes, U.S. citizen by naturalization
- No, not a citizen of the United States

When did this person come to live in the United States?
- Print numbers in boxes.

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box.
- 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: BA, AB, BS)
- Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JID)
- Doctorate degree (for example: PhD, EdD)

What is this person’s ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

Does this person have any of the following long-lasting conditions:
- a. Blindness, deafness, or a severe vision or hearing impairment?
- Yes
- No → Skip to question 14
- b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
- Yes
- No

a. Does this person speak a language other than English at home?
- Yes
- No → Skip to question 14

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

Does this person live in this house or apartment 1 year ago?
- Person is under 1 year old → Skip to the questions for Person 5 on page 19.
- Yes, this house → Skip to 14
- No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below, then Skip to 14
- No, different house in the United States

b. Where did this person live 1 year ago?
- Name of city, town, or post office

Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, Skip to the questions for PERSON 5 on page 19.

d. Did this person live inside the limits of the city or town?
- Yes
- No, outside the city/town limits

Name of county

[ZIP Code]

Name of state

Does this person have any of the following long-lasting conditions:
- a. Blindness, deafness, or a severe vision or hearing impairment?
- Yes
- No
- b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
- Yes
- No

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- a. Learning, remembering, or concentrating?
- Yes
- No
- b. Dressing, bathing, or getting around inside the home?
- Yes
- No

ACS-1(2003), Page 16, Base (Black)
Last week, did this person do any work for:

- Yes
- No

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- a. Going outside the home alone to shop or visit a doctor's office? Yes No
- b. Working at a job or business? Yes No

Answer question 18 only if this person is female and 15—50 years old. Otherwise, skip to question 19a.

Has this person given birth to any children in the past 12 months?

- Yes
- 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 question 20

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who lives in this house or apartment?

- Yes
- No → Skip to question 20

c. How long has this grandparent been responsible for the grandchild(ren)?

- Less than 6 months
- 6 to 11 months
- 1 to 2 years
- 3 or 4 years
- 5 or more years

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 during the last 12 months, but not now
- Yes, on active duty in the past, but not during the last 12 months
- No, training for Reserves or National Guard only → Skip to question 23
- No, never served in the military → Skip to question 23

When did this person serve on active duty in the U.S. Armed Forces? Mark (✓) a box for each period in which this person served, even if just for part of the period:

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964 to April 1975)
- March 1961 to July 1964
- February 1955 to February 1961
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

In total, how many years of active-duty military service has this person had?

- Less than 2 years
- 2 years or more

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 question 29

At what location did this person work last week? If this person worked at more than one location, print the name or the nearest street or intersection.

- a. Address (Number and street name)
- b. Name of city, town, or post office
- c. Name of town, city, or post office
- d. Name of city, town, or post office
- e. Name of U.S. state or foreign country
- f. ZIP Code

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
- Streetcar or trolley car
- Subway or elevated
- Railroad
- Ferryboat
- Taxicab

How many people, including this person, usually rode to work in the car, truck, or van last week?

Person(s)

What time did this person usually leave home to go to work last week?

- Hour Minute
- a.m.
- p.m.

How many minutes did it usually take this person to get from home to work last week?

Minutes

Answer questions 29–32 only if this person did not work last week. Otherwise, skip to question 33.

a. Last week, was this person on layoff from a job?

- Yes → skip to question 29c
- No

b. Last week, was this person temporarily absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. → skip to question 32
- No → Skip to question 33

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

- Yes → Skip to question 37
- No
Has this person been looking for work during the last 4 weeks?  
☐ Yes  
☐ No → SKIP to question 32

LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  
☐ Yes, could have gone to work  
☐ No, because of own temporary illness  
☐ No, because of all other reasons (in school, etc.) → SKIP to question 41

When did this person last work, even for a few days?  
☐ Within the past 12 months  
☐ 1 to 5 years ago → SKIP to question 35  
☐ Over 5 years ago or never worked → SKIP to question 41

During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks

During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK

Answer questions 35–40 ONLY if this person worked in the past 5 years. Otherwise, SKIP to question 41.

35–40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person —  
☐ Mark (X) ONE box.  
☐ an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?  
☐ an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?  
☐ a local GOVERNMENT employee (city, county, etc.)?  
☐ a state GOVERNMENT employee?  
☐ a FEDERAL GOVERNMENT employee?  
☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  
☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  
☐ working WITHOUT PAY in family business or farm?

For whom did this person work?  
If now on active duty in the Armed Forces, mark (X) this box — and print the branch of the Armed Forces. Name of company, business, or other employer

What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly —  
☐ Mark (X) one box.  
☐ manufacturing?  
☐ wholesale trade?  
☐ retail trade?  
☐ other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person’s most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

INCOME IN THE PAST 12 MONTHS.  
Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The “past 12 months” is the period from today’s date one year ago up through today.)

Mark (X) the “No” box to show types of income NOT received. If net income was a loss, mark the “Loss” box to the right of the dollar amount. For income received jointly, report the appropriate share for each person — or, if that’s not possible, report the whole amount for only one person and mark the “No” box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.  
☐ Yes → $ TOTAL AMOUNT for past 12 MONTHS  
☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.  
☐ Yes → $ TOTAL AMOUNT for past 12 MONTHS  
☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.  
☐ Yes → $ TOTAL AMOUNT for past 12 MONTHS  
☐ No

d. Social Security or Railroad Retirement.

☐ Yes → $ TOTAL AMOUNT for past 12 MONTHS  
☐ No

e. Supplemental Security Income (SSI).  
☐ Yes → $ TOTAL AMOUNT for past 12 MONTHS  
☐ No

f. Any public assistance or welfare payments from the state or local welfare office.  
☐ Yes → $ TOTAL AMOUNT for past 12 MONTHS  
☐ No

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.  
☐ Yes → $ TOTAL AMOUNT for past 12 MONTHS  
☐ 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 the sale of a home.  
☐ Yes → $ TOTAL AMOUNT for past 12 MONTHS  
☐ No

What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

☐ None OR TOTAL AMOUNT for past 12 MONTHS  
☐ Loss

Continue with the questions for Person 5 on the next page. If only 4 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.
Person 5

Please copy the name of Person 5 from the List of Residents on page 2, then continue answering questions below.

Last Name

First Name

Where was this person born?

- In the United States – Print name of state.
- Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a CITIZEN of the United States?

- Yes, born in the United States
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands
- Yes, born abroad of American parent or parents
- No, not a citizen of the United States

When did this person come to live in the United States? Print numbers in boxes.

Year

a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended in the last 3 months
- Yes, public school
- Yes, private school

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)

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 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: 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)

What is this person’s ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

a. Does this person speak a language other than English at home?

- Yes
- No → SKIP to question 14

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

Does this person have any of the following long-lasting conditions:

- Blindness, deafness, or a severe vision or hearing impairment?
- Yes No
- A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
- Yes No

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities?

- Learning, remembering, or concentrating?
- Yes No
- Dressing, bathing, or getting around inside the home?
- Yes No

Your answers help your community plan for the future.

a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old
- Yes, this house
- No, outside the United States

b. Where did this person live 1 year ago?

- Name of city, town, or post office
- Name of county
- Name of state
- ZIP Code

(If this house is not a residence, you may ask the person how long ago this house was last occupied, or whether this is a rental, temporarily occupied, unoccupied, or vacant.)

b. Does this person live inside the limits of the city or town?

- Yes No

Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.

a. Does this person speak a language other than English at home?

- Yes No

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

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities?

- Learning, remembering, or concentrating?
- Yes No
- Dressing, bathing, or getting around inside the home?
- Yes No
Person 5 (continued)

Answer question 17 ONLY if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 24.

17. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
   a. Going outside the home alone to shop or visit a doctor’s office? Yes No
   b. Working at a job or business? Yes No

Answer question 18 ONLY if this person is female and 15—50 years old. Otherwise, SKIP to question 19a.

18. Has this person given birth to any children in the past 12 months?
   a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No
   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
   c. How long has this grandparent been responsible for the (the) grandchild(ren)? Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years

Answer question 19 ONLY if you marked “Yes” for 18a.

19. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

   Person(s)

20. 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.

   a. On active duty during the last 12 months, but not now Yes No
   b. On active duty in the past, but not during the last 12 months Yes No
   c. No, training for Reserves or National Guard only Yes No
   d. No, never served in the military Yes No

21. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period:
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - September 1980 to July 1990
   - May 1975 to August 1980
   - Vietnam era (August 1946 to April 1975)
   - March 1961 to July 1964
   - February 1955 to February 1961
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

22. In total, how many years of active-duty military service has this person had?
   - Less than 2 years
   - 2 years or more

23. LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the “Yes” box even if this 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.

   a. Yes
   b. No

24. At what location did this person work LAST WEEK?

   a. Address (Number and street name)
   b. Name of city, town, or post office
   c. Name of U.S. state or foreign country
   d. ZIP Code

25. How many minutes did it usually take this person to get from home to work LAST WEEK?

   a. Minutes
   b. Hour
   c. a.m.
   d. p.m.

26. How many minutes did it usually take this person to get home to work LAST WEEK?

   a. Minutes

27. What time did this person usually leave home to go to work LAST WEEK?

   a. Hour
   b. Minute
   c. a.m.
   d. p.m.

28. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

   Person(s)

29. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

   Person(s)

30. Mark (X) the “Yes” box even if this person did NOT work last week. Otherwise, SKIP to question 33.

   a. LAST WEEK, was this person on layoff from a job? Yes No
   b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes No
   c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? Yes No
Person 5 (continued)

30 Has this person been looking for work during the last 4 weeks?
   □ Yes
   □ No → SKIP to question 32

31 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
   □ Yes
   □ No → SKIP to question 33

32 When did this person last work, even for a few days?
   □ Within the last 12 months
   □ 1 to 5 years ago → SKIP to question 35
   □ Over 5 years ago or never worked → SKIP to question 41

33 During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.
   □ Weeks

34 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
   □ Hours

35-40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person –
   □ Mark (X) ONE box.
   □ an employee of a PRIVATE FOR PROFIT company, or business, or of an individual, for wages, salary, or commissions?
   □ an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?
   □ a local GOVERNMENT employee (city, county, etc.)?
   □ a state GOVERNMENT employee?
   □ a federal GOVERNMENT employee?
   □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
   □ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   □ working WITHOUT PAY in family business or farm?
   □ Yes → $ .00 TOTAL AMOUNT for past 12 MONTHS
   □ No → $ .00 TOTAL AMOUNT for past 12 MONTHS

36 For whom did this person work?
   □ If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.
   □ Name of company, business, or other employer

37 What kind of business or industry was this?
   □ Describe the activity at the location where employed.
   □ For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

38 Is this mainly –
   □ Mark (X) one box.
   □ manufacturing?
   □ wholesale trade?
   □ retail trade?
   □ other (agriculture, construction, service, government, etc.)?

39 What kind of work was this person doing?
   □ (For example: nurse, personnel manager, supervisor of order department, secretary, accountant)

40 What were these person’s most important activities or duties?
   □ (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

41 INCOME IN THE PAST 12 MONTHS.
   □ Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.
   □ Enter the amount and mark (X) the “Loss” box next to the income amount if that person had a loss from income this past 12 months.

   (NOTE: The “past 12 months” is the period from today’s date one year ago up through today.)

   d. Social Security or Railroad Retirement.
   □ Yes → $ .00 TOTAL AMOUNT for past 12 MONTHS
   □ No → $ .00 TOTAL AMOUNT for past 12 MONTHS

   e. Supplemental Security Income (SSI).
   □ Yes → $ .00 TOTAL AMOUNT for past 12 MONTHS
   □ No → $ .00 TOTAL AMOUNT for past 12 MONTHS

   g. Retirement, survivor, or disability pensions.
   □ Do NOT include Social Security.
   □ Yes → $ .00 TOTAL AMOUNT for past 12 MONTHS
   □ No → $ .00 TOTAL AMOUNT for past 12 MONTHS

   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 the sale of a home.
   □ Yes → $ .00 TOTAL AMOUNT for past 12 MONTHS
   □ No → $ .00 TOTAL AMOUNT for past 12 MONTHS

42 What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.
   □ None OR $ .00 TOTAL AMOUNT for past 12 MONTHS
   □ Loss $ .00 TOTAL AMOUNT for past 12 MONTHS

43 Now continue with the mailing instructions on page 24.
Mailing Instructions

Please make sure you have...

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

Then...

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

Thank you for participating in the American Community Survey.

For Census Bureau Use

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, D.C. 20233-1500. You may e-mail comments to Paperwork@census.gov; use “Paperwork Project 0607-0810” as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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