People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your community uses to plan and fund programs. Your response is important, and we keep your answers confidential.

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

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

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

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
MI
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

READ THESE INSTRUCTIONS FIRST

Please fill out this form as soon as possible after receiving it in the mail.

- **LIST** everyone who is living or staying here for more than 2 months.
- **LIST** anyone else staying here who does not have another usual place to stay.
- **DO NOT LIST** anyone who is living somewhere else for more than 2 months, such as a college student living away.

If this place is a vacation home or a temporary residence where no one in this household stays for more than 2 months, do not list any names in the List of Residents. Complete only pages 4, 5, and 6 and return the form.

IF YOU ARE NOT SURE WHOM TO LIST, CALL 1-800-354-7271.

Please fill out this form as soon as possible after receiving it in the mail.

- **LIST** everyone who is living or staying here for more than 2 months.
- **DO NOT LIST** anyone who is living somewhere else for more than 2 months, such as a college student living away.

If you have more than five people, list them here. We may call you for more information about them.

After you've created the List of Residents, answer the questions across the top of the page for the first five people on the list.

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Please print)</td>
<td>Last Name (Please print)</td>
<td>Last Name (Please print)</td>
<td>Last Name (Please print)</td>
<td>Last Name (Please print)</td>
</tr>
<tr>
<td>First Name</td>
<td>First Name</td>
<td>First Name</td>
<td>First Name</td>
<td>First Name</td>
</tr>
<tr>
<td>MI</td>
<td>MI</td>
<td>MI</td>
<td>MI</td>
<td>MI</td>
</tr>
<tr>
<td>Male</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Age (in years)</td>
<td>Age (in years)</td>
<td>Age (in years)</td>
<td>Age (in years)</td>
<td>Age (in years)</td>
</tr>
<tr>
<td>Month Day Year of birth</td>
<td>Month Day Year of birth</td>
<td>Month Day Year of birth</td>
<td>Month Day Year of birth</td>
<td>Month Day Year of birth</td>
</tr>
</tbody>
</table>

If Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented, use the name of any adult living or staying here.

Relationship of Person 2 to Person 1:
- Husband or wife
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- In-law
- Other relative
- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

Relationship of Person 3 to Person 1:
- Husband or wife
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- In-law
- Other relative
- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

Relationship of Person 4 to Person 1:
- Husband or wife
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- In-law
- Other relative
- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

Relationship of Person 5 to Person 1:
- Husband or wife
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- In-law
- Other relative
- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

Relationship of Person 6 to Person 1:
- Husband or wife
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- In-law
- Other relative
- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

Relationship of Person 7 to Person 1:
- Husband or wife
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- In-law
- Other relative
- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

Relationship of Person 8 to Person 1:
- Husband or wife
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- In-law
- Other relative
- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

Print numbers in boxes.

- Please fill out this form as soon as possible after receiving it in the mail.
- • LIST everyone who is living or staying here for more than 2 months.
- • LIST anyone else staying here who does not have another usual place to stay.
- • DO NOT LIST anyone who is living somewhere else for more than 2 months, such as a college student living away.

If this place is a vacation home or a temporary residence where no one in this household stays for more than 2 months, do not list any names in the List of Residents. Complete only pages 4, 5, and 6 and return the form.

If you have more than five people, list them here. We may call you for more information about them.

After you've created the List of Residents, answer the questions across the top of the page for the first five people on the list.
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>What is this person’s race? Mark (X) one or more races to indicate what this person considers himself/herself to be.</td>
</tr>
<tr>
<td>6</td>
<td>What is this person’s marital status?</td>
</tr>
</tbody>
</table>

**NOTE:** Please answer BOTH Questions 5 and 6. Mark (X) the “No” box if not Spanish/Hispanic/Latino.
Housing

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?
   - 2005 or later
   - 2000 to 2004
   - 1990 to 1999
   - 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?
   \[Month Year\]

   \[Month\]  \[Year\]

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 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.

IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?

IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?

INFORMATIONAL COPY
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
$ .00
OR
☐ Included in rent or condominium fee
☐ No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month’s cost – Dollars
$ .00
OR
☐ Included in rent or condominium fee
☐ Included in electricity payment entered above
☐ No charge or gas not used

15 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
$ .00
OR
☐ Included in rent or condominium fee
☐ No charge

16 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
$ .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
$ .00

b. Does the monthly rent include any meals?
☐ Yes
☐ No

19 Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.

Is this house, apartment, or mobile home part of a condominium?
☐ Yes
☐ No

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
$ .00

At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?
☐ Yes
☐ No

What was the value of the Food Stamps received during the past 12 months?

Past 12 months’ value – Dollars
$ .00

Answer questions 19–23 ONLY IF you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to on the next page.
### Housing (continued)

20. What are the annual real estate taxes on THIS property?
   - **Annual amount** – Dollars
     - **$0.00**
     - **None**

21. What is the annual payment for fire, hazard, and flood insurance on THIS property?
   - **Annual amount** – Dollars
     - **$0.00**
     - **None**

22. 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 22a**

   b. How much is the regular monthly mortgage payment on THIS property?
   - **Monthly amount** – Dollars
     - **$0.00**
     - **No regular payment required** → **SKIP to question 23a**

23. a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
   - **Yes, home equity loan**
   - **Yes, second mortgage**
   - **Yes, second mortgage and home equity loan**
   - **No** → **SKIP to question 23b**

   b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
   - **Monthly amount** – Dollars
     - **$0.00**
     - **No regular payment required**

24. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?
   - **Annual costs** – Dollars
     - **$0.00**

25. 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**

   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**

26. Answer questions 25a–c ONLY if you listed at least one person on page 2. Otherwise, **SKIP to page 24 for the mailing instructions.**

27. a. Do you or any member of this household own this mobile home?
   - **Yes**
   - **No**

28. b. How much is the site rent on THIS mobile home?
   - **Dollars**

29. c. How much is the registration fee on THIS mobile home?
   - **Dollars**

30. d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
   - **Yes, insurance included in mortgage payment**
   - **No, insurance paid separately or no insurance**

31. e. Answer question 24 ONLY IF this is a MOBILE HOME: Otherwise, **SKIP to page 18.**

32. f. **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 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 (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.
- 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: A.A., A.S.)
- Bachelor’s degree (for example: B.A., B.S.)
- Master’s degree (for example: M.A., M.S., MEng, ME(IE), MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LL.B., J.D)
- Doctorate degree (for example: Ph.D., Ed.D)

What is this person’s ancestry or ethnic origin?

Answer questions 15 and 16 ONLY if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.

a. Did this person live in this house or apartment 1 year ago?
- Yes, this house → SKIP to 16
- No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to question 17
- 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?
- 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:

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 19.

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 ☐

b. Is this grandparent currently responsible for the grandchild(ren) under the age of 18 who live(s) in this house or apartment?
   
   Yes ☐  No ☐

If the grandparent is financially responsible for the grandchild(ren), answer the question for each grandchild(ren).

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 ☐

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, on vacation, temporary illness, labor dispute, etc. → Skip to question 22
   
   No → Skip to question 30

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 Reserve or National Guard, but DOES include activation, for example, for the Persian Gulf War.

☐ Yes, now on active duty ☐

☐ Yes, active duty during the last 12 months, but not now ☐

☐ 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) the 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 rode to work in the car, truck, or van, skip to question 29.

☐ Car, truck, or van ☐

☐ Bus or trolley bus ☐

☐ Streetcar or trolley car ☐

☐ Subway or elevated ☐

☐ Railroad ☐

☐ Ferryboat ☐

☐ Taxi ☐

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

☐ 1 person ☐

☐ 2 or more people ☐

At what location did this person work LAST WEEK?

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 ☐

If the exact address is not known, give the name of the location such as the building name or the nearest street or intersection.

d. Name of county

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

f. ZIP Code

Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without either pay or profit.

☑ Yes ☐  No ☐

☑ Yes, on active duty during the last 12 months ☐

☑ Yes, on active duty in the past, but not during the last 12 months ☐

☑ No, never served in the military → Skip to question 23

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

☐ Less than 6 months ☐

☐ 6 to 11 months ☐

☐ 1 or 2 years ☐

☐ 3 or 4 years ☐

☐ 5 or more years ☐

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

☐ Less than 6 months ☐

☐ 6 to 11 months ☐

☐ 1 or 2 years ☐

☐ 3 or 4 years ☐

☐ 5 or more years ☐
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.)

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.
   - Usual hours worked each WEEK
   - Count paid
   - Weeks

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

35. Is this currently a full-time job, a part-time job, or unemployed?
   - Full-time
   - Part-time
   - Unemployed

36. For whom did this person work?
   - If on active duty in the Armed Forces, mark (X) this box → mark 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. What was this person's total income during the last 4 weeks?
   - Mark (X) one box.
   - Manufacturing?
   - Wholesale trade?
   - Retail trade?
   - Other (agriculture, construction, service, government, etc.)

39. What kind of work was this person doing?
   - 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

40. What were this person’s current or most recent job activity?
   - Mark (X) one box.
   - Self-employed in own incorporated business, professional practice, or farm
   - Self-employed in own nonincorporated business, professional practice, or farm
   - Working without PAY in family business or farm

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.
   - Include the period from today’s date one year ago up through today.
   - Mark (X) the “No” box next to the dollar amount.
   - For income received jointly, report the whole amount for only one person and share for each person – or, if that’s not possible, report the whole amount.
   - For income received regularly, 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 → $
      - No → TOTAL AMOUNT for past 12 MONTHS

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

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

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

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

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

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

   i. Any other income received to the nearest dollar amount.
      - Yes → $
      - No → 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 41i, and subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.
   - None OR
   - $ → TOTAL AMOUNT for past 12 MONTHS

   Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.

ACS-11INFO(2005), Page 9, Base (Black)
Person 2

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

The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.
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. If the envelope has been misplaced, please mail the questionnaire to:
  
  U. S. Census Bureau  
  P.O. Box 5240  
  Jeffersonville, IN 47199-5240

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

Thank you for participating in the American Community Survey.