THE American Community Survey

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

Please complete this form and return it as soon as possible after receiving it in the mail.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.

Start Here

→ Please print today’s date.

Month Day Year

→ Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.

Last Name

First Name MI

Area Code + Number

How many people are living or staying at this address?

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

Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.
<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is Person 1’s name?</strong>&lt;br&gt;Last Name (Please print)</td>
<td><strong>What is Person 2’s name?</strong>&lt;br&gt;Last Name (Please print)</td>
</tr>
<tr>
<td>First Name</td>
<td>First Name</td>
</tr>
<tr>
<td>MI</td>
<td>MI</td>
</tr>
<tr>
<td><strong>How is this person related to Person 1?</strong>&lt;br&gt;Mark (X) ONE box.</td>
<td><strong>How is this person related to Person 1?</strong>&lt;br&gt;Mark (X) ONE box.</td>
</tr>
<tr>
<td>Person 1</td>
<td>Son-in-law or daughter-in-law</td>
</tr>
<tr>
<td></td>
<td>Biological son or daughter</td>
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<tr>
<td></td>
<td>Adopted son or daughter</td>
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<tr>
<td></td>
<td>Stepson or stepdaughter</td>
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<td></td>
<td>Brother or sister</td>
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<tr>
<td></td>
<td>Father or mother</td>
</tr>
<tr>
<td></td>
<td>Grandchild</td>
</tr>
<tr>
<td></td>
<td>Parent-in-law</td>
</tr>
<tr>
<td></td>
<td>Husband or wife</td>
</tr>
<tr>
<td></td>
<td>Adopted daughter</td>
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<td></td>
<td>Stepdaughter</td>
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<td></td>
<td>Brother</td>
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<td></td>
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</tr>
<tr>
<td><strong>What is Person 1’s sex?</strong>&lt;br&gt;Mark (X) ONE box.</td>
<td><strong>What is Person 2’s sex?</strong>&lt;br&gt;Mark (X) ONE box.</td>
</tr>
<tr>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td><strong>What is Person 1’s age and what is Person 1’s date of birth?</strong>&lt;br&gt;Please report babies as age 0 when the child is less than 1 year old.&lt;br&gt;Print numbers in boxes.</td>
<td><strong>What is Person 2’s age and what is Person 2’s date of birth?</strong>&lt;br&gt;Please report babies as age 0 when the child is less than 1 year old.&lt;br&gt;Print numbers in boxes.</td>
</tr>
<tr>
<td>Age (in years)</td>
<td>Age (in years)</td>
</tr>
<tr>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td>Day</td>
<td>Day</td>
</tr>
<tr>
<td>Year of birth</td>
<td>Year of birth</td>
</tr>
<tr>
<td><strong>Is Person 1 of Hispanic, Latino, or Spanish origin?</strong>&lt;br&gt;No, not of Hispanic, Latino, or Spanish origin&lt;br&gt;Yes, Mexican, Mexican Am., Chicano&lt;br&gt;Yes, Puerto Rican&lt;br&gt;Yes, Cuban&lt;br&gt;Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td>
<td><strong>Is Person 2 of Hispanic, Latino, or Spanish origin?</strong>&lt;br&gt;No, not of Hispanic, Latino, or Spanish origin&lt;br&gt;Yes, Mexican, Mexican Am., Chicano&lt;br&gt;Yes, Puerto Rican&lt;br&gt;Yes, Cuban&lt;br&gt;Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td>
</tr>
<tr>
<td><strong>What is Person 1’s race?</strong>&lt;br&gt;Mark (X) one or more boxes.</td>
<td><strong>What is Person 2’s race?</strong>&lt;br&gt;Mark (X) one or more boxes.</td>
</tr>
<tr>
<td>White</td>
<td>White</td>
</tr>
<tr>
<td>Black, African Am., or Negro</td>
<td>Black, African Am., or Negro</td>
</tr>
<tr>
<td>American Indian or Alaska Native — Print name of enrolled or principal tribe.</td>
<td>American Indian or Alaska Native — Print name of enrolled or principal tribe.</td>
</tr>
<tr>
<td>Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</td>
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</tr>
<tr>
<td>Asian Indian</td>
<td>Japanese</td>
</tr>
<tr>
<td>Chinese</td>
<td>Korean</td>
</tr>
<tr>
<td>Filipino</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.</td>
<td>Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.</td>
</tr>
<tr>
<td>Some other race – Print race.</td>
<td>Some other race – Print race.</td>
</tr>
</tbody>
</table>
**Person 3**

1. **What is Person 3’s name?**
   - Last Name (Please print)
   - First Name
   - MI

2. **How is this person related to Person 1?** Mark (X) one box.
   - Husband or wife
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

3. **What is Person 3’s sex?** Mark (X) one box.
   - Male
   - Female

4. **What is Person 3’s age and what is Person 3’s date of birth?** Please report babies as age 0 when the child is less than 1 year old.
   - Age (in years)
   - Month
   - Day
   - Year of birth

   **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5. **Is Person 3 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.

6. **What is Person 3’s race?** Mark (X) one or more boxes.
   - White
   - Black, African Am., or Negro
   - American Indian or Alaska Native – Print name of enrolled or principal tribe
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Japanese
   - Korean
   - Vietnamese
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan

7. **Some other race – Print race.**

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**Person 4**

1. **What is Person 4’s name?**
   - Last Name (Please print)
   - First Name
   - MI

2. **How is this person related to Person 1?** Mark (X) one box.
   - Husband or wife
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

3. **What is Person 4’s sex?** Mark (X) one box.
   - Male
   - Female

4. **What is Person 4’s age and what is Person 4’s date of birth?** Please report babies as age 0 when the child is less than 1 year old.
   - Age (in years)
   - Month
   - Day
   - Year of birth

   **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5. **Is Person 4 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.

6. **What is Person 4’s race?** Mark (X) one or more boxes.
   - White
   - Black, African Am., or Negro
   - American Indian or Alaska Native – Print name of enrolled or principal tribe
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Japanese
   - Korean
   - Vietnamese
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan

7. **Some other race – Print race.**
**Person 5**

1. **What is Person 5’s name?**
   - Last Name (Please print)
   - First Name
   - MI

2. **How is this person related to Person 1?** Mark (X) ONE box.
   - Husband or wife
   - Son-in-law or daughter-in-law
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

3. **What is Person 5’s sex?** Mark (X) ONE box.
   - Male
   - Female

4. **What is Person 5’s age and what is Person 5’s date of birth?**
   - Age (in years)
   - Month
   - Day
   - Year of birth

5. **Is Person 5 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

6. **What is Person 5’s race?** Mark (X) one or more boxes.
   - White
   - Black, African Am., or Negro
   - American Indian or Alaska Native — Print name of enrolled or principal tribe.
   - Asian Indian
   - Japanese
   - Native Hawaiian
   - Chinese
   - Korean
   - Guamanian or Chamorro
   - Filipino
   - Vietnamese
   - Samoan
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Some other race – Print race.

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**If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12.**

We may call you for more information about them.

**Person 6**

- Last Name (Please print)
- First Name
- MI
- Sex
- Male
- Female
- Age (in years)
- Month
- Day
- Year of birth

**Person 7**

- Last Name (Please print)
- First Name
- MI
- Sex
- Male
- Female
- Age (in years)
- Month
- Day
- Year of birth

**Person 8**

- Last Name (Please print)
- First Name
- MI
- Sex
- Male
- Female
- Age (in years)
- Month
- Day
- Year of birth

**Person 9**

- Last Name (Please print)
- First Name
- MI
- Sex
- Male
- Female
- Age (in years)
- Month
- Day
- Year of birth

**Person 10**

- Last Name (Please print)
- First Name
- MI
- Sex
- Male
- Female
- Age (in years)
- Month
- Day
- Year of birth

**Person 11**

- Last Name (Please print)
- First Name
- MI
- Sex
- Male
- Female
- Age (in years)
- Month
- Day
- Year of birth

**Person 12**

- Last Name (Please print)
- First Name
- MI
- Sex
- Male
- Female
- Age (in years)
- Month
- Day
- Year of birth

**NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.
Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

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.

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

When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?

Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

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

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

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

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

Does this house, apartment, or mobile home have –
- a. hot and cold running water?
- b. a flush toilet?
- c. a bathtub or shower?
- d. a sink with a faucet?
- e. a stove or range?
- f. a refrigerator?
- g. telephone service from which you can both make and receive calls? Include cell phones.

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

Which FUEL is used MOST for heating this house, apartment, or mobile home?
- a. how many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.
  - INCLUDE bedrooms, kitchens, etc.
  - EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.
  - Number of rooms

- b. how many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print “0”.
  - Number of bedrooms

INFORMATIONAL COPY

Housing
Housing (continued)

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

Last month's cost – Dollars

$\underline{0.00}$

OR

$\underline{0.00}$

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

$\underline{0.00}$

OR

$\underline{0.00}$

Included in rent or condominium fee

No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home?

Past 12 months' cost – Dollars

$\underline{0.00}$

OR

$\underline{0.00}$

Included in rent or condominium fee

No charge

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

$\underline{0.00}$

OR

$\underline{0.00}$

Included in rent or condominium fee

No charge

13. IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card?

Yes

No

14. Is this house, apartment, or mobile home part of a condominium?

Yes

No

16. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

$\underline{0.00}$

17. What are the annual real estate taxes on this property?

Annual amount – Dollars

$\underline{0.00}$

18. What is the annual payment for fire, hazard, and flood insurance on this property?

Annual amount – Dollars

$\underline{0.00}$

19. Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to c.

Answer questions 16 – 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to e. on the next page.

20. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

$\underline{0.00}$

OR

None

21. What are the annual real estate taxes on this property?

Annual amount – Dollars

$\underline{0.00}$

OR

None

22. What is the annual payment for fire, hazard, and flood insurance on this property?

Annual amount – Dollars

$\underline{0.00}$

OR

None
19. 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 20a

20. How much is the regular monthly mortgage payment on THIS property?
    Include payment only on FIRST mortgage or contract to purchase.
    Monthly amount – Dollars
    $ ____________________________

   OR
   - No regular payment required → SKIP to question 20a

21. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
   - Yes, taxes included in mortgage payment
   - No, taxes paid separately or taxes not required

22. 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

23. 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
    $ ____________________________

Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to E.

Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
Person 1

Please copy the name of Person 1 from 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 U.S. citizen parent or parents

☐ Yes, U.S. citizen by naturalization – Print year of naturalization

☐ No, not a U.S. citizen

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

Year

At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home 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 11

☐ Yes, public school, public college

☐ Yes, private school, private college, home school

What grade or level was this person attending?

Mark (X) ONE box.

☐ Nursery school, preschool

☐ Kindergarten

☐ Grade 1 through 12 – Specify grade

☐ College undergraduate years (freshman to senior)

☐ Graduate or professional school beyond a bachelor’s degree (for example: MA, DDS, DVM, LLB, JD)

What is this person’s ancestry or ethnic origin?

☐ European

☐ Asian

☐ Native American

☐ African

☐ Hispanic/Latino

☐ Other

What is this person’s highest degree or level of school this person has COMPLETED? Mark (X) ONE box.

☐ No schooling completed

☐ Nursery school

☐ Kindergarten

☐ Grade 1 through 11 – Specify grade

☐ 12th grade – NO DIPLOMA

☐ Regular high school diploma

☐ GED or alternative credential

☐ Some college credit, but less than 1 year of college credit

☐ 1 or more years of college credit, no degree

☐ Associate’s degree (for example: AA, AS)

☐ Bachelor’s degree (for example: BA, BS)

☐ Master’s degree (for example: MA, MS, ME, ME, MEng, MEd, MM, MFA)

☐ Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)

☐ Doctorate degree (for example: PhD, EdD)

What is this person’s language?

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

☐ Yes

☐ No – SKIP to question 11

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

What is this person’s level of English proficiency?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

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

☐ Yes

☐ No – SKIP to question 13

If currently enrolled, mark the previous grade or highest degree received.

What is the highest degree or level of school this person has COMPLETED?

b. Where did this person live 1 year ago?

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

Address (Number and street name)

a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?

Mark (X) ONE box.

☑ Nursery school, preschool

☐ Kindergarten

☐ Grade 1 through 12 – Specify grade

☑ College undergraduate years (freshman to senior)

☑ Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law school)

This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

Answer question 12 if this person has a bachelor’s degree or higher. Otherwise, SKIP to question 13.

What is this person’s ancestry or ethnic origin?

☐ European

☐ Asian

☐ Native American

☐ African

☐ Hispanic/Latino

☐ Other

What is this person’s language?

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

☐ Yes

☐ No – SKIP to question 11

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

What is this person’s level of English proficiency?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

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

☐ Yes

☐ No – SKIP to question 13

If currently enrolled, mark the previous grade or highest degree received.

What is the highest degree or level of school this person has COMPLETED?

b. Where did this person live 1 year ago?

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code
Person 1 (continued)

18. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark “Yes” or “No” for EACH type of coverage in items a – h.
   a. Insurance through a current or former employer or union (of this person or another family member)
   b. Insurance purchased directly from an insurance company (for this person or another family member)
   c. Medicare, for people 65 and older, or people with certain disabilities
   d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   e. TRICARE or other military health care
   f. VA (including those who have ever used or enrolled for VA health care)
   g. Indian Health Service
   h. Any other type of health insurance or health coverage plan – Specify

19. Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.
   Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   [ ] Yes
   [ ] No

20. What is this person’s marital status?
   a. Married?
      [ ] Yes
      [ ] No
   b. Widowed?
      [ ] Yes
      [ ] No
   c. Divorced?
      [ ] Yes
      [ ] No

21. In the PAST 12 MONTHS did this person get married?
   [ ] Yes
   [ ] No
   [ ] Separated
   [ ] Never married

22. How many times has this person been married?
   [ ] Once
   [ ] Two times
   [ ] Three or more times

23. In what year did this person last get married?
   [ ] Year

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

25. Has this person given birth to any children in the past 12 months?
   a. Yes
   b. No

26. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
      [ ] Yes
      [ ] No

   c. How long has this grandparent been responsible for the (an) grandchild(ren)?
      [ ] Less than 6 months
      [ ] 6 to 11 months
      [ ] 1 or 2 years
      [ ] 3 or 4 years
      [ ] 5 or more years

27. 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 1945)
   - November 1941 or earlier

28. a. Does this person have a VA service-connected disability rating?
      [ ] Yes (such as 0%, 10%, 20%, ..., 100%)
      [ ] No
   b. What is this person’s service-connected disability rating?
      [ ] 0 percent
      [ ] 10 or 20 percent
      [ ] 30 or 40 percent
      [ ] 50 or 60 percent
      [ ] 70 percent or higher
Person 1 (continued)

29. LAST WEEK, did this person work for pay at a job (or business)?
   | Yes  | No, did not work (or retired) |
30. At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
   a. Address (Number and street name)
      - If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.
   b. Name of city, town, or post office
   c. Is the work location inside the limits of that 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

31. How did this person usually get to work LAST WEEK?
   - Car, truck, or van
   - Bus or trolley bus
   - Streetcar or trolley car
   - Subway or elevated railroad
   - Ferryboat
   - Taxicab
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at home
   - Other method

Answer question 32 if you marked “Car, truck, or van” in question 31. Otherwise, SKIP to question 33.

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

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

34. Last week, was this person on layoff from a job?
   - Yes  | No  | SKIP to question 35c

35. LAST WEEK, was this person TEMPORARILY absent from a job or business?
   - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.
   - No  | SKIP to question 36

36. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
   - Yes  | No  | SKIP to question 40

37. 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.)

38. When did this person last work, even for a few days?
   - Within the past 12 months
   - 1 to 5 years ago
   - Over 5 years ago or never worked

39. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
   - Yes  | No  | SKIP to question 38

40. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
   - Usual hours worked each WEEK
Person 1 (continued)

41 – 46 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 –

☐ 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?
☐ 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.)?

47 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.
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 ⇒ $ 0.00 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 ⇒ $ 0.00 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 ⇒ $ 0.00 TOTAL AMOUNT for past 12 months
☐ No

48 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)

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

d. Social Security or Railroad Retirement.
☐ Yes ⇒ $ 0.00 TOTAL AMOUNT for past 12 months
☐ No

e. Supplemental Security Income (SSI).
☐ Yes ⇒ $ 0.00 TOTAL AMOUNT for past 12 months
☐ No

f. Any public assistance or welfare payments from the state or local welfare office.
☐ Yes ⇒ $ 0.00 TOTAL AMOUNT for past 12 months
☐ No

g. Retirement, survivor, or disability pensions.
☐ Do NOT include Social Security.
☐ Yes ⇒ $ 0.00 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 ⇒ $ 0.00 TOTAL AMOUNT for past 12 months
☐ No

What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; 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 Loss

TOTAL AMOUNT for past 12 months

Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.
The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.
Mailing Instructions

Please make sure you have...
- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...
- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
  U.S. Census Bureau
  P.O. Box 5240
  Jeffersonville, IN 47199-5240
- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use

POP | EDIT | PHONE | JIC1 | JIC2
--- | --- | --- | --- | ---
EDIT CLERK | TELEPHONE CLERK | JIC3 | JIC4

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. 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, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. 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 right on the front cover of this form.

Form ACS-11INFO/2009/KFI (05-22-2008)