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.

If you need help or have questions about completing this form, please call 1-800-717-7381. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-717-7381. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-814-8385.

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

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

Please print today’s date.

Start Here

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.
### Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

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

2. **How is this person related to Person 1?**
   - Person 1

3. **What is Person 1’s sex?** Mark (X) one box.
   - Male
   - Female

4. **What is Person 1’s age and what is Person 1’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

5. **Is Person 1 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chican
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, and so on.

6. **What is Person 1’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.
   - Some other race – Print race.
   - Japanese
   - Korean
   - Vietnamese
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

### Person 2

1. **What is Person 2’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
   - Son-in-law or daughter-in-law
   - Other relative
   - Roomer or boarder
   - Housemate or roommate
   - Unmarried partner
   - Foster child
   - Other nonrelative

3. **What is Person 2’s sex?** Mark (X) one box.
   - Male
   - Female

4. **What is Person 2’s age and what is Person 2’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

5. **Is Person 2 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chican
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, and so on.

6. **What is Person 2’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.
   - Some other race – Print race.
   - Japanese
   - Korean
   - Vietnamese
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
What is Person 3’s name?

Last Name (Please print)  
First Name  
MI

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

What is Person 3’s sex?  Mark (X) ONE box.

- Male
- Female

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

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, Salvadoran, Spaniard, and so on.

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
- 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.

What is Person 4’s name?

Last Name (Please print)  
First Name  
MI

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

What is Person 4’s sex?  Mark (X) ONE box.

- Male
- Female

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

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, Salvadoran, Spaniard, and so on.

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
- 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.
Person 5

<table>
<thead>
<tr>
<th>What is Person 5’s name?</th>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>How is this person related to Person 1?</td>
<td>Mark (X) ONE box.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband or wife</td>
<td>Son-in-law or daughter-in-law</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological son or daughter</td>
<td>Other relative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted son or daughter</td>
<td>Roomer or boarder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepson or stepdaughter</td>
<td>Housemate or roommate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td>Unmarried partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father or mother</td>
<td>Foster child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td>Other nonrelative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent-in-law</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| What is Person 5’s age and what is Person 5’s date of birth? |</p>
<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print numbers in boxes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year of birth</td>
<td></td>
</tr>
</tbody>
</table>

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

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, Salvadorian, Spaniard, and so on.

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, Pakistanti, Cambodian, and so on.
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Some other race – Print race.

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.

<table>
<thead>
<tr>
<th>Person 6</th>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 7</th>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 8</th>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 9</th>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 10</th>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 11</th>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 12</th>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

2 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

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

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

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 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.

7 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

8 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

INFORMATIONAL COPY
Housing (continued)

11. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   $ 0.00

   □ Included in rent or condominium fee
   □ No charge or electricity not used

12. IN THE PAST 12 MONTHS, did anyone in this household receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card?
   □ Yes
   □ No

13. Is this house, apartment, or mobile home part of a condominium?
   □ Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the “None” box.
   Monthly amount – Dollars
   $ 0.00

   □ No
   □ None

14. IN THE PAST 12 MONTHS, what was the cost of gas for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   $ 0.00

   □ Included in rent or condominium fee
   □ No charge or gas not used

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

16. LAST MONTH, 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

   □ Included in rent or condominium fee
   □ No charge

17. Is the annual payment for fire, hazard, and flood insurance on THIS property?
   □ None

18. What are the annual real estate taxes on THIS property?
   Annual amount – Dollars
   $ 0.00

19. 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?
   □ $ 0.00

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

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

   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 6 on the next page.
Housing (continued)

19. 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 20a

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

20. 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 D

   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

      OR
      - No regular payment required

21. c. 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. 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

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

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?

   Annual costs – Dollars
   $0.00

   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.
1. What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box.
   - NO SCHOOLING COMPLETED
   - NURSERY OR PRESCHOOL THROUGH GRADE 12
     - Nursery school
     - Kindergarten
     - Grade 1 through 11 – Specify grade 1 – 11
   - High school graduate
   - College undergraduate years (freshman to senior)
   - Graduate or professional school beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
   - Doctorate degree (for example: PhD, EdD)

2. Is this person a citizen of the United States?
   - Yes, born in Puerto Rico – SKIP to question 10a
   - Yes, born in a U.S. state, District of Columbia, Guam, U.S. Virgin Islands, or Northern Mariana Islands
   - 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

3. When did this person come to live in Puerto Rico?
   - Print numbers in boxes.

4. a. 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.
   - Yes, has not attended in the last 3 months – SKIP to question 11
   - Yes, public school, public college
   - Yes, private school, private college, home school
   - No, has not attended in the last 3 months – SKIP to question 11
   - Yes, public school, public college
   - Yes, private school, private college, home school

5. b. What grade or level was this person attending?
   - Mark (X) ONE box.
   - Nursery school, preschool
   - Kindergarten
   - Grade 1 through 11 – Specify grade 1 – 11
   - College undergraduate years (freshman to senior)
   - Graduate or professional school beyond a bachelor’s degree (for example: MD or PhD program, or medical or law school)

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

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

8. Is this person a citizen of the United States?
   - Yes, born in Puerto Rico – SKIP to 10a
   - Yes, born in a U.S. state, District of Columbia, Guam, U.S. Virgin Islands, or Northern Mariana Islands
   - 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

9. When did this person come to live in Puerto Rico?
   - Print numbers in boxes.

10. a. Where did this person live 1 year ago?
    - Name of city, town, or post office
    - ZIP Code
    - Name of municipio in Puerto Rico or U.S. county

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

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

13. a. Did this person live in this house in this house or apartment 1 year ago?
    - Yes
    - No – SKIP to question 15

14. b. Where did this person live 1 year ago?
    - Address
    - Development or condominium name
    - Number and street name

15. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?
    - Mark “Yes” or “No” for EACH type of coverage in items a – h.
    - a. Insurance through a current or former employer or union (of this person or another family member)
    - b. Insurance purchased directly from an insurance company (by this person or another family member)
    - c. Medicare, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
    - 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

---

Please copy the name of Person 1 from Page 2, then continue answering questions below.

Last Name
First Name

Where was this person born?

Is this person a citizen of the United States?

When did this person come to live in Puerto Rico?

What is this person’s ancestry or ethnic origin?

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

What is this language?

How well does this person speak English?

Is this person currently covered by any of the following types of health insurance or health coverage plans?
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. Is this person deaf or does he/she have serious difficulty hearing?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>10b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>11. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>12a. Does this person have serious difficulty walking or climbing stairs?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>12b. Does this person have serious difficulty dressing or bathing?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>13. 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?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>14. What is this person’s marital status?</td>
<td>Now married, Widowed, Divorced, Separated, Never married (skip to H)</td>
</tr>
<tr>
<td>15. In the PAST 12 MONTHS did this person get married?</td>
<td>Married, Widowed, Divorced</td>
</tr>
<tr>
<td>16. How many times has this person been married?</td>
<td>Once, Two times, Three or more times</td>
</tr>
<tr>
<td>17a. In what year did this person last get married?</td>
<td>Year</td>
</tr>
<tr>
<td>17b. Has this person given birth to any children in the past 12 months?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>18. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?</td>
<td>Yes, now on active duty, Yes, on active duty during the last 12 months, but not now, No, on active duty in the past, but not during the last 12 months, No, training for Reserves or National Guard only (skip to question 27a), No, never served in the military (skip to question 28a)</td>
</tr>
<tr>
<td>20a. Does this person have a VA service-connected disability rating?</td>
<td>Yes (such as 0%, 10%, 20%, ..., 100%), No (skip to question 28a)</td>
</tr>
<tr>
<td>20b. What is this person’s service-connected disability rating?</td>
<td>0 percent, 10% or 20 percent, 30 or 40 percent, 50 or 60 percent, 70 percent or higher</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>a. LAST WEEK, did this person work for pay at a job (or business)?</td>
<td>☐ Yes → SKIP to question 29</td>
</tr>
<tr>
<td>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</td>
<td>☐ Yes → SKIP to question 33a</td>
</tr>
<tr>
<td>At what location did this person work LAST WEEK?</td>
<td>☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, last weather, etc. → SKIP to question 37</td>
</tr>
<tr>
<td>How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</td>
<td>☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, last weather, etc. → SKIP to question 37</td>
</tr>
<tr>
<td>How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?</td>
<td>☐ Yes → SKIP to question 36b</td>
</tr>
<tr>
<td>a. LAST WEEK, was this person on layoff from a job?</td>
<td>☐ Yes → SKIP to question 34c</td>
</tr>
<tr>
<td>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</td>
<td>☐ Yes → SKIP to question 34c</td>
</tr>
<tr>
<td>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?</td>
<td>☐ Yes → SKIP to question 36b</td>
</tr>
<tr>
<td>a. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</td>
<td>☐ Yes → SKIP to question 37</td>
</tr>
<tr>
<td>a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</td>
<td>☐ Yes → SKIP to question 39</td>
</tr>
<tr>
<td>b. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</td>
<td>☐ Yes → SKIP to question 37</td>
</tr>
<tr>
<td>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?</td>
<td>☐ Yes → SKIP to question 36b</td>
</tr>
<tr>
<td>a. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</td>
<td>☐ Yes → SKIP to question 37</td>
</tr>
<tr>
<td>b. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</td>
<td>☐ Yes → SKIP to question 37</td>
</tr>
<tr>
<td>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?</td>
<td>☐ Yes → SKIP to question 36b</td>
</tr>
</tbody>
</table>
Person 1 (continued)

40 - 45 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, municipality, 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.)?

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 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 ➔ 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

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 46a to 46h; 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

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

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 (2008) PR KF1 (08-01-2007)