

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

Start Here Please use a black or blue pen. Do NOT mail this form, your completed form will be picked up by a census worker.



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

Number of people

#### **INCLUDE** in this number:

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

#### **DO NOT INCLUDE** in this number:

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



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

Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The Census Bureau estimates that, for the average household, this form will take about 41 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0860, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

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

## **List of Persons**

Please be page bef						rec	d qu	uest	tion	1 0	on t	he f	ront
Please prindicated on April Example	l in ( 1, 2(	que 000	stic	on '	s of I w	all ere	the liv	e pe ing	eop or	le v sta	vho ying	you j he	่ม re
JOH	! //	S	0	N									
First Name	_	N										MI J	
Start wit here who apartmen person, s	h th o ow nt, o tart	e p /ns, r m wi	ers , is lob th a	buy ile i any	/ing hon	j, o ne.	r re If t	nts her	thi e is	is h	ous suc	ving e, :h	
Person 1	<u>—</u> L	.ast	Nar	ne									
First Name	9											MI	
Person 2	<u>—</u> L	ast	Nar	me									
First Name	5											МІ	
Person 3	<u> —</u> L	.ast	Nar	me									
First Name	5											MI	
Person 4	_ L	.ast	Nar	me									
First Name	<del>5</del>											МІ	
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Persor	ı 6 —	Last Na	ame				
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First Na	ime						M

Next, answer questions about Person 1. If you didn't have room to list everyone who lives in this house or apartment, please tell this to the census worker when you are visited. The census worker will complete a census form for the additional people.

#### **Person**





Your answers are important!

	are important! Every person in the	No, has not attended since February 1 $\rightarrow$ <i>Skip to 8a</i> Yes, public school, public college
	Census counts.	Yes, private school, private college
		b. What grade or level was this person attending?  Mark (X) ONE box.
1	What is this person's name? Print the name of	Pre-kindergarten
Y	Person 1 from page 2.	☐ Kindergarten
-	Last Name	Grade 1 to grade 4
-		Grade 5 to grade 8
-		Grade 9 to grade 12
-	First Name MI	College undergraduate years (freshman to senior)
		Graduate or professional school (for example: medica dental, or law school)
2	What is this person's telephone number? We may contact this person if we don't understand an answer.	a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box.
-	Area Code + Number	If currently enrolled, mark the previous grade or highest
-	The Code Trumber	degree received.
-		☐ No schooling completed
3	What is this person's sex? Mark X ONE box.	Pre-kindergarten to 4th grade
4	☐ Male	5th grade or 6th grade
-	Female	7th grade or 8th grade
1	remale	9th grade
4		10th grade
Ī	date of birth?	11th grade
-	Age on April 1, 2000	12th grade, <b>NO DIPLOMA</b>
		HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
-	Print numbers in boxes.	Some college credit, but less than 1 year
-	Month Day Year of birth	1 or more years of college, no degree
-		Associate degree (for example: AA, AS)
	Milest in this manager of atheric animin an uncertainty	Bachelor's degree (for example: BA, AB, BS)
5	What is this person's ethnic origin or race?	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
		Professional degree (for example: MD, DDS, DVM, LLB, JD)
-	(For example: Chamorro, Samoan, White, Black,	Doctorate degree (for example: PhD, EdD)
-	Carolinian, Filipino, Japanese, Korean, Palauan, Tongan,	b. Has this person completed the requirements for a
-	and so on.)	vocational training program at a trade school,
-	FOR OFFICE	business school, hospital, some other kind of school
1	USE ONLY	<b>for occupational training, or place of work?</b> Do not include academic college courses.
6	What is this person's marital status?	
	Now married	U No
	Widowed	Yes, in this Area
	Divorced	Yes, not in this Area
	Separated	
	Never married	

a. At any time since February 1, 2000, has this person attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a

college degree.



9 a. Does this person speak a language other than English at home? Yes	<b>a. Where was this person's mother born?</b> Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
$\bigcirc$ No $\rightarrow$ Skip to 10	
b. What is this language?	FOR OFFICE USE ONLY
(For example: Chamorro, Samoan, Carolinian, Tongan)  FOR OFFICE USE ONLY	<b>b. Where was this person's father born?</b> Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
c. Does this person speak this language at home more frequently than English?	FOR OFFICE
Yes, more frequently than English Both equally often No, less frequently than English Does not speak English  Where was this person born? Print the name of the isla	Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.
Where was this person born? Print the name of the isla (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	Yes, dependent of an active-duty member of the Armed Forces
FOR OFFICE USE ONLY	Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
Is this person a CITIZEN or NATIONAL of the United States?	No  16 a. Did this person live in this house or apartment
<ul> <li>Yes, born in this Area → Skip to 14a</li> <li>Yes, born in the United States or another U.S. territory or commonwealth</li> <li>Yes, born elsewhere of U.S. parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> <li>No, not a U.S. citizen or national (permanent resident)</li> </ul>	<ul> <li>5 years ago (on April 1, 1995)?</li> <li>Person is under 5 years old → Skip to 35</li> <li>Yes, this house → Skip to 17</li> <li>No, different house</li> <li>b. Where did this person live 5 years ago?</li> </ul>
No, not a U.S. citizen or national (temporary resident)  When did this person come to this Area to stay? If the person has entered the Area more than once, what is the latest year? Print numbers in boxes.	
Year	FOR OFFICE USE ONLY
What was this person's main reason for moving to this Area?	c. Name of city, town, or village
☐ Employment ☐ Military	FOR OFFICE USE ONLY
Subsistence activities  Missionary activities  Moved with spouse or parent	Does this person have any of the following long-lasting conditions:
To attend school  Medical	a. Blindness, deafness, or a severe vision or hearing impairment?
Housing Other	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

18	Because of a physical, mental, or emotio condition lasting 6 months or more, does this person have any difficulty in doing a the following activities:	S	22	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include
	the following activities.	Yes	No	activation, for example, for the Persian Gulf War.
	a. Learning, remembering, or			Yes, now on active duty
	concentrating?			Yes, on active duty in past, but not now
	b. Dressing, bathing, or getting around inside the home?			No, training for Reserves or National Guard only $\rightarrow$ <i>Skip to 23</i>
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home			$\square$ No, never served in the military $\rightarrow$ <i>Skip to 23</i>
	alone to shop or visit a doctor's office? d. (Answer if this person is 16 YEARS OLD			b. 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.
	OR OVER.) Working at a job or business?			April 1995 or later
19	Was this person under 15 years of age of April 1, 2000?	n		August 1990 to March 1995 (including Persian Gulf War)
				September 1980 to July 1990
	○ No			May 1975 to August 1980
				Vietnam era (August 1964—April 1975)
20			s she	February 1955 to July 1964
	<b>ever had, not counting stillbirths?</b> Do not stepchildren or children she has adopted.	t count		Korean conflict (June 1950—January 1955)
				<ul><li>✓ World War II (September 1940—July 1947)</li><li>☐ Some other time</li></ul>
	None $\rightarrow$ <i>Skip to 21a</i>			
				c. In total, how many years of active-duty military service has this person had?
	<ul><li> 2</li><li> 3</li><li> 8</li><li> 13</li></ul>			_
	0 4 0 9 0 14			Less than 2 years
	5 0 10 0 15 or more			2 years or more
	b. What was the date of birth of the last	child	2	either pay or profit? Answer "Yes" even if the person
	born to this person? Print numbers in boxe			worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active
	Month Day Year of birth			duty in the Armed Forces. Also indicate whether the
				person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial
				purposes. Mark (X) ONE box.
21	a. Does this person have any of his/her or grandchildren under the age of 18 living			Yes, worked for pay or profit; did NO subsistence activity
	house or apartment?			Yes, worked for pay or profit AND did subsistence activity
	Yes No $\rightarrow$ Skip to 22a			No, did NOT work for pay or profit; did subsistence activity $\rightarrow$ <i>Skip to 27a</i>
	b. Is this grandparent currently responsit of the basic needs of any grandchild(ren	ole for ) under	most the	No, did NOT work for pay or profit; did NO subsistence activity $\rightarrow$ <i>Skip to 27a</i>
	age of 18 who live(s) in this house or ap	artmen	t?	4 At what location did this person work LAST WEEK?
	Yes		4	Do not include subsistence activity. If this person worked
	$\bigcirc$ No $\rightarrow$ Skip to 22a		_	at more than one location, print where he or she worked most last week.
	c. How long has this grandparent been re- for the(se) grandchild(ren)? If the grandpare		ole	a. Name of island, U.S. state, commonwealth, territory, or foreign country
	financially responsible for more than one gran	dchild, a		territory, or foreign country
	the question for the grandchild for whom the has been responsible for the longest period of		arent	
		arric.		FOR OFFICE USE ONLY
	Less than 6 months  6 to 11 months			b. Name of city, town, or village
	1 or 2 years			b. Name of City, town, or village
	3 or 4 years			
	5 years or more			FOR OFFICE

25	WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark   the box of the one used for most of the distance.  Car, truck, or private van/bus  Public van/bus  Boat  Taxicab  Motorcycle  Bicycle	27	d. Has this person been looking for work during the last 4 weeks?  Yes No → Skip to 28  e. 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.)
	<ul> <li>Walked</li> <li>Worked at home → Skip to 29</li> <li>Other method</li> </ul>	28	When did this person last work, even for a few days?  Do not include subsistence activity.  2000  1999
	If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.		1998 1995 to 1997
25	rode to work in the car, truck, or private van/bus LAST WEEK?  Drove alone		1990 to 1994 $\rightarrow$ <i>Skip to 33</i> 1989 or earlier $\rightarrow$ <i>Skip to 33</i> Never worked; or did subsistence only $\rightarrow$ <i>Skip to 33</i>
	2 people 3 people 4 people 5 or 6 people 7 or more people	29	Industry or Employer — 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 the information for his/her last job or business since 1995.
26	a. What time did this person usually leave home to go to work LAST WEEK?  a.m. p.m.		<b>a. For whom did this person work?</b> If now on active duty in the Armed Forces, mark $X$ this box $\to \square$ and print the branch of the Armed Forces.
	b. How many minutes did it usually take this person to get from home to work LAST WEEK?		Name of company, business, or other employer
	Minutes		
	Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.		FOR OFFICE USE ONLY
27	<ul> <li>a. LAST WEEK, was this person on layoff from a job?</li> <li>Yes → Skip to 27c</li> <li>No</li> </ul>		<b>b. What kind of business or industry was this?</b> Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?		
	<ul> <li>Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28</li> <li>No → Skip to 27d</li> </ul>		
	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  ☐ Yes → Skip to 27e ☐ No		<ul> <li>c. Is this mainly — Mark ONE box.</li> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, construction, service, government, etc.)?</li> </ul>

30	Occupation 3	INCOME IN 1999 — Mark 🗷 the "Yes" box for each
	a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)	income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999.  Mark 🗷 the "No" box if the income source was not received.
		If net income was a loss, enter the amount and mark 🗷 the "Loss" box next to the dollar amount.
		For income received jointly, report, if possible, the
		appropriate share for each person; otherwise, report the whole amount for only one person and mark (X) the "No" box for the other person. If exact amount is not known, please give best estimate.
	FOR OFFICE USE ONLY	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for
	b. What were this person's most important	taxes, bonds, dues, or other items.
	activities or duties? (For example: patient care, repairing machinery, making watches, repairing	☐ Yes Annual amount — Dollars
	automobiles, reconciling financial records)	\$     ,     .00
		∪ No
		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET
		income after business expenses.
		Yes Annual amount — Dollars
31	Was this person — Mark   ✓ ONE box.	\$ .00 Loss
	<ul> <li>Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions</li> </ul>	□ No
	O FAMILY AND STANCE FOR PROFIT	
	Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.
		income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars
	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars
	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)	income, or income from estates and trusts — Report even small amounts credited to an account.
	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business,	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  Loss
	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  S
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  No  No  No
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  Social Security or Railroad Retirement  No  e. Supplemental Security Income (SSI)
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.  Yes	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  Social Security or Railroad Retirement  No  e. Supplemental Security Income (SSI)  Yes Annual amount — Dollars  Social Security Income (SSI)  One  No
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.  Yes  No → Skip to 33  b. How many weeks did this person work in 1999?  Count paid vacation, paid sick leave, and military service;	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  Social Security or Railroad Retirement  Yes Annual amount — Dollars  Social Security Income (SSI)  Yes Annual amount — Dollars  Social Security Income (SSI)
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.  Yes  No → Skip to 33  b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  Social Security or Railroad Retirement  No  e. Supplemental Security Income (SSI)  Yes Annual amount — Dollars  Social Security Income (SSI)  One  No
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.  Yes  No → Skip to 33  b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.  Weeks  C. During the weeks WORKED in 1999, how many	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  Social Security or Railroad Retirement  No  e. Supplemental Security Income (SSI)  Yes Annual amount — Dollars  Social Security Income (SSI)  No  ho  The Any public assistance or welfare payments
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.  Yes  No → Skip to 33  b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.  Weeks  C. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  Social Security or Railroad Retirement  No  e. Supplemental Security Income (SSI)  Yes Annual amount — Dollars  No  f. Any public assistance or welfare payments from the state or local welfare office  Yes Annual amount — Dollars
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.  Yes  No → Skip to 33  b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.  Weeks  c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity.	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  \$   00  No  e. Supplemental Security Income (SSI)  Yes Annual amount — Dollars  \$   00  No  f. Any public assistance or welfare payments from the state or local welfare office  Yes Annual amount — Dollars  \$   00  No  f. Any public assistance or welfare payments from the state or local welfare office  Yes Annual amount — Dollars
32	tax-exempt, or charitable organization  Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  Federal GOVERNMENT employee  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  Working WITHOUT PAY in family business or farm  a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.  Yes  No → Skip to 33  b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.  Weeks  C. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do	income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  Social Security Income (SSI)  No  e. Supplemental Security Income (SSI)  Yes Annual amount — Dollars  Social Security Income (SSI)  No  f. Any public assistance or welfare payments from the state or local welfare office  Yes Annual amount — Dollars  Social Security Income (SSI)  No  Annual amount — Dollars  Social Security Income (SSI)  No  Annual amount — Dollars  Social Security Income (SSI)  No  Incomplete Incomplete Income (SSI)  No  Incomplete Incomplete Income Incomplete

<b>33</b> g. Retirement, survivor, or disability pensions — Do NOT include Social Security.	About when was this building first built?  1999 or 2000 1960 to 1969
Yes Annual amount — <i>Dollars</i>	1995 to 1998
\$     .00	1990 to 1994
No	☐ 1980 to 1989 ☐ 1939 or earlier
	1970 to 1979
h. Any remittances — Include money from relatives outside the household or in the military.	
☐ Yes Annual amount — Dollars	8 When did this person move into this living quarters?
\$     ,     .00	1999 or 2000
□ No	1995 to 1998 1990 to 1994
i. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.	1980 to 1994 1980 to 1989 1970 to 1979 1969 or earlier
Yes Annual amount — <i>Dollars</i>	9 How many rooms do you have in this living
\$   .00	quarters? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
□ No	1 room 6 rooms
	2 rooms 7 rooms
What was this person's total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net	3 rooms 8 rooms
income was a loss, enter the amount and mark $(X)$ the	4 rooms 9 or more rooms
"Loss" box next to the dollar amount.	5 rooms
Annual amount — <i>Dollars</i>	
None OR \$ .00 Loss	How many bedrooms do you have; that is, how many bedrooms would you list if this living quarters were on the market for sale or rent?
- N	
Now, please answer questions 35—61 about your household.	☐ No bedroom
	No bedroom 1 bedroom
your household.  Is this living quarters —  Owned by you or someone in this household with a	No bedroom 1 bedroom 2 bedrooms
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?	No bedroom 1 bedroom 2 bedrooms 3 bedrooms
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?	No bedroom 1 bedroom 2 bedrooms
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?	No bedroom  1 bedroom  2 bedrooms  3 bedrooms  4 bedrooms  5 or more bedrooms
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms 5 or more bedrooms  a. Do you have hot and cold piped water?
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms 5 or more bedrooms  1 a. Do you have hot and cold piped water? Yes, in this unit
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 5 or more bedrooms  1 a. Do you have hot and cold piped water? Yes, in this unit Yes, in this building, not in unit
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 5 or more bedrooms  a. Do you have hot and cold piped water? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 5 or more bedrooms  a. Do you have hot and cold piped water? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit No, only cold piped water in this building
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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	<ul> <li>No bedroom</li> <li>1 bedroom</li> <li>2 bedrooms</li> <li>3 bedrooms</li> <li>4 bedrooms</li> <li>5 or more bedrooms</li> </ul> 1 a. Do you have hot and cold piped water? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>No, only cold piped water in this unit</li> <li>No, only cold piped water in this building</li> <li>No, only cold piped water outside this building</li> </ul>
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses – Applies only in American Samoa	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 5 or more bedrooms  a. Do you have hot and cold piped water? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit No, only cold piped water in this building
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses — Applies only in American Samoa  Three or more houses — Applies only in American Samoa	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 5 or more bedrooms  a. Do you have hot and cold piped water? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit No, only cold piped water in this building No, only cold piped water outside this building No piped water
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses — Applies only in American Samoa  Three or more houses — Applies only in American Samoa  A building with 2 apartments	<ul> <li>No bedroom</li> <li>1 bedroom</li> <li>2 bedrooms</li> <li>3 bedrooms</li> <li>4 bedrooms</li> <li>5 or more bedrooms</li> </ul> 1 a. Do you have hot and cold piped water? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>No, only cold piped water in this unit</li> <li>No, only cold piped water in this building</li> <li>No, only cold piped water outside this building</li> <li>No piped water</li> </ul> b. Do you have a bathtub or shower?
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses — Applies only in American Samoa  Three or more houses — Applies only in American Samoa  A building with 2 apartments  A building with 3 or 4 apartments	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 5 or more bedrooms  a. Do you have hot and cold piped water? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit No, only cold piped water in this building No, only cold piped water outside this building No piped water
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses — Applies only in American Samoa  Three or more houses — Applies only in American Samoa  A building with 2 apartments  A building with 3 or 4 apartments  A building with 5 to 9 apartments	<ul> <li>No bedroom</li> <li>1 bedroom</li> <li>2 bedrooms</li> <li>3 bedrooms</li> <li>4 bedrooms</li> <li>5 or more bedrooms</li> </ul> <b>a. Do you have hot and cold piped water?</b> <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>No, only cold piped water in this unit</li> <li>No, only cold piped water in this building</li> <li>No, only cold piped water outside this building</li> <li>No piped water</li> </ul> <b>b. Do you have a bathtub or shower?</b> <ul> <li>Yes, in this unit</li> </ul>
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses — Applies only in American Samoa  Three or more houses — Applies only in American Samoa  A building with 2 apartments  A building with 3 or 4 apartments	<ul> <li>No bedroom</li> <li>1 bedroom</li> <li>2 bedrooms</li> <li>3 bedrooms</li> <li>4 bedrooms</li> <li>5 or more bedrooms</li> </ul> a. Do you have hot and cold piped water? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>No, only cold piped water in this unit</li> <li>No, only cold piped water in this building</li> <li>No, only cold piped water outside this building</li> <li>No piped water</li> </ul> b. Do you have a bathtub or shower? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> </ul>
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses — Applies only in American Samoa  Three or more houses — Applies only in American Samoa  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	<ul> <li>No bedroom</li> <li>1 bedroom</li> <li>2 bedrooms</li> <li>3 bedrooms</li> <li>4 bedrooms</li> <li>5 or more bedrooms</li> </ul> 1 a. Do you have hot and cold piped water? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>No, only cold piped water in this unit</li> <li>No, only cold piped water in this building</li> <li>No, only cold piped water outside this building</li> <li>No piped water</li> </ul> b. Do you have a bathtub or shower? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>Yes, outside this building</li> </ul>
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses — Applies only in American Samoa  Three or more houses — Applies only in American Samoa  A building with 2 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  A container	<ul> <li>No bedroom</li> <li>1 bedroom</li> <li>2 bedrooms</li> <li>3 bedrooms</li> <li>4 bedrooms</li> <li>5 or more bedrooms</li> </ul> 1 a. Do you have hot and cold piped water? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>No, only cold piped water in this unit</li> <li>No, only cold piped water in this building</li> <li>No, only cold piped water outside this building</li> <li>No piped water</li> </ul> b. Do you have a bathtub or shower? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>Yes, outside this building</li> </ul>
your household.  Is this living quarters —  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent?  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  Two houses — Applies only in American Samoa  Three or more houses — Applies only in American Samoa  A building with 2 apartments  A building with 5 to 9 apartments  A building with 5 to 9 apartments  A building with 20 to 49 apartments  A building with 50 or more apartments	<ul> <li>No bedroom</li> <li>1 bedroom</li> <li>2 bedrooms</li> <li>3 bedrooms</li> <li>4 bedrooms</li> <li>5 or more bedrooms</li> </ul> 1 a. Do you have hot and cold piped water? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>No, only cold piped water in this unit</li> <li>No, only cold piped water in this building</li> <li>No, only cold piped water outside this building</li> <li>No piped water</li> </ul> b. Do you have a bathtub or shower? <ul> <li>Yes, in this unit</li> <li>Yes, in this building, not in unit</li> <li>Yes, outside this building</li> </ul>

41	c. Do you have a flush toilet?  Yes, in this unit → Skip to 42a  Yes, in this building, not in unit → Skip to 42a  Yes, outside this building → Skip to 42a  No  d. What type of toilet facilities do you have?  Outhouse or privy  Other or none	Do you get water from —  A public system only?  A public system and catchment?  A village water system only? – Applies only in American Samoa  An individual well?  A catchment, tanks, or drums only?  Some other source such as a standpipe, spring, river, creek, etc.?
42	<ul> <li>a. Are your MAIN cooking facilities located inside or outside this building?</li> <li>☐ Inside this building</li> <li>☐ Outside this building</li> <li>☐ No cooking facilities → Skip to 42c</li> <li>b. What type of cooking facilities are these?</li> <li>☐ Electric stove</li> <li>☐ Kerosene stove</li> </ul>	Is this building connected to a public sewer?  Yes, connected to public sewer  No, connected to septic tank or cesspool  No, use other means  Is this living quarters part of a condominium?  Yes  No
	Gas stove Microwave oven and non-portable burners Microwave oven only Other (fireplace, hotplate, etc.)  c. Do you have a refrigerator in this building? Yes No d. Do you have a sink with piped water in this building? Yes No	outside walls of this building?  Poured concrete Concrete blocks Metal Wood Other  What is the MAIN type of material used for the roof of this building?  Poured concrete Metal
43	Is there telephone service available in this living quarters from which you can both make and receive calls?  Yes No	foundation of this building?  Concrete
44	Do you have air conditioning?  Yes, a central air-conditioning system (includes split-type) Yes, 1 individual room unit Yes, 2 or more individual room units No	Wood pier or pilings Other  Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 54a. Is there a business (such as a store or shop) or a medical office on THIS property?
45	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?  None 4 1 5 2 6 or more 3	Yes No  a. What is the average monthly cost for electricity for this living quarters?  Average monthly cost — Dollars  \$   .00
46	Do you have a battery operated radio? Count car radios, transistors, and other battery operated sets in working order or needing only a new battery for operation.  Yes, 1 or more No	OR Included in rent or in condominium fee No charge or electricity not used

### Person





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

	<b>What is this person's name?</b> Print the name of Person 2 from page 2.
	Last Name
	First Name MI
2	How is this person related to Person 1?  Mark NONE box.  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law  Other relative — Print exact relationship.
	FOR OFFICE USE ONLY
	If NOT RELATED to Person 1:  Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative
	What is this person's sex? Mark (X) ONE box.  Male Female

4	What is this person's age and what is this person's date of birth?										
Age on April 1, 2000											
	Print numbers in boxes.										
	Month Day Year of birth										
	What is this person's ethnic origin or race?										
5	what is this person's ethnic origin of face?										
	(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)										
	FOR OFFICE USE ONLY										
6	What is this person's marital status?										
Ī	Now married										
	Widowed										
	Divorced										
	Separated										
	☐ Never married										
7	a. At any time since February 1, 2000, has this person attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.										
	$\square$ No, has not attended since February 1 $\rightarrow$ <i>Skip to 8a</i>										
	Yes, public school, public college										
	Yes, private school, private college										
	<b>b. What grade or level was this person attending?</b> <i>Mark</i> (X) <i>ONE box.</i>										
	Pre-kindergarten										
	Kindergarten										
	Grade 1 to grade 4										
	Grade 5 to grade 8										
	Grade 9 to grade 12										
	<ul><li>College undergraduate years (freshman to senior)</li><li>Graduate or professional school (for example: medical,</li></ul>										
	dental, or law school)										

	1 Is this person a CITIZEN or NATIONAL of the United States?
person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	Yes, born in this Area $\rightarrow$ <i>Skip to 14a</i>
No schooling completed	Yes, born in the United States or another U.S. territory or commonwealth
Pre-kindergarten to 4th grade	Yes, born elsewhere of U.S. parent or parents
5th grade or 6th grade	Yes, a U.S. citizen by naturalization
7th grade or 8th grade	No, not a U.S. citizen or national (permanent resident)
9th grade	No, not a U.S. citizen or national (temporary resident)
10th grade	
1 11th grade	When did this person come to this Area to stay? If this person has entered the Area more than once, what is
12th grade, <b>NO DIPLOMA</b>	the latest year? Print numbers in boxes.
HIGH SCHOOL GRADUATE — high school DIPLOMA	Year
or the equivalent (for example: GED)	
Some college credit, but less than 1 year	
1 or more years of college, no degree	3 What was this person's main reason for moving to
Associate degree (for example: AA, AS)	this Area?
Bachelor's degree (for example: BA, AB, BS)	Employment
Master's degree (for example: MA, MS, MEng, MEd,	Military
MSW, MBA)	Subsistence activities
Professional degree (for example: MD, DDS, DVM,	Missionary activities
LLB, JD)	Moved with spouse or parent
Doctorate degree (for example: PhD, EdD)	To attend school
b. Has this person completed the requirements for a	☐ Medical
vocational training program at a trade school, business	Housing
school, hospital, some other kind of school for occupational training, or place of work? Do not include	Other
academic college courses.	
│ □ No	<b>4 a. Where was this person's mother born?</b> <i>Print the name of the island (village in American Samoa), U.S. state,</i>
Yes, in this Area	commonwealth, territory, or foreign country.
Yes, not in this Area	
a. Does this person speak a language other than English at home?	FOR OFFICE
Yes	USE ONLY
$\bigcirc$ No $\rightarrow$ Skip to 10	<b>b. Where was this person's father born?</b> <i>Print the name</i>
	of the island (village in American Samoa), U.S. state,
b. What is this language?	commonwealth, territory, or foreign country.
(For example: Chamorro, Samoan, Carolinian, Tongan)	FOR OFFICE
FOR OFFICE	USE ONLY
USE ONLY	5 Is this person a dependent of an active-duty or
c. Does this person speak this language at home more	retired member of the Armed Forces of the United
frequently than English?	States or of the full-time military Reserves or
Yes, more frequently than English	National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.
☐ Both equally often	
No, less frequently than English	Yes, dependent of an active-duty member of the Armed Forces
Does not speak English	
10 Where was this person born? Print the name of the island,	Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time
(village in American Samoa), U.S. state, commonwealth,	National Guard or Armed Forces Reserve
territory, or foreign country.	│ ○ No
FOR OFFICE	
USE ONLY	

Person 2 (continued) a. Did this person live in this house or apartment b. What was the date of birth of the last child born 5 years ago (on April 1, 1995)? to this person? Print numbers in boxes. Month Day Year of birth  $\bigcup$  Person is under 5 years old  $\rightarrow$  Skip to 35  $\bigcup$  Yes, this house  $\rightarrow$  *Skip to 17* No, different house a. Does this person have any of his/her own grandchildren under the age of 18 living in this b. Where did this person live 5 years ago? house or apartment? Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17.  $\bigcup$  No  $\rightarrow$  Skip to 22a b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes c. Name of city, town, or village  $\bigcup$  No  $\rightarrow$  Skip to 22a c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent Does this person have any of the following has been responsible for the longest period of time. long-lasting conditions: Less than 6 months No a. Blindness, deafness, or a severe 6 to 11 months vision or hearing impairment? 1 or 2 years b. A condition that substantially limits 3 or 4 years one or more basic physical activities 5 years or more such as walking, climbing stairs, reaching, lifting, or carrying? a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or Because of a physical, mental, or emotional **National Guard?** Active duty does not include training condition lasting 6 months or more, does for the Reserves or National Guard, but DOES include this person have any difficulty in doing any of activation, for example, for the Persian Gulf War. the following activities: Yes No Yes, now on active duty a. Learning, remembering, or Yes, on active duty in past, but not now concentrating? No, training for Reserves or National Guard b. Dressing, bathing, or getting around only  $\rightarrow$  *Skip to 23* inside the home?  $\bigcup$  No, never served in the military  $\rightarrow$  Skip to 23 c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home b. When did this person serve on active duty alone to shop or visit a doctor's office? in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served. d. (Answer if this person is 16 YEARS OLD April 1995 or later OR OVER.) Working at a job or business? August 1990 to March 1995 (including Persian Gulf War) Was this person under 15 years of age on September 1980 to July 1990 April 1, 2000? May 1975 to August 1980  $\bigcup$  Yes  $\rightarrow$  Skip to 35 U Vietnam era (August 1964—April 1975) No No February 1955 to July 1964 Korean conflict (June 1950—January 1955) a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count World War II (September 1940—July 1947) stepchildren or children she has adopted. Some other time  $\bigcup$  None  $\rightarrow$  Skip to 21a c. In total, how many years of active-duty military 11 service has this person had? 2 7 12 Less than 2 years 3 8 13 2 years or more 9 14 4



15 or more

10

23	either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark (X) ONE box.  Yes, worked for pay or profit; did NO subsistence activity Yes, worked for pay or profit AND did subsistence activity	26	a. What time did this person usually leave home to go to work LAST WEEK?    a.m.   p.m.  b. How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
	<ul> <li>No, did NOT work for pay or profit; did subsistence activity → Skip to 27a</li> <li>No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a</li> </ul>		Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.
24		27)	a. LAST WEEK, was this person on layoff from a job?  ☐ Yes → Skip to 27c ☐ No
	a. Name of island, U.S. state, commonwealth, territory, or foreign country		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
			Yes, on vacation, temporary illness, labor dispute, etc. → <i>Skip to 28</i>
	FOR OFFICE USE ONLY		
	b. Name of city, town, or village		will be recalled to work within the next 6 months OR been given a date to return to work?
	FOR OFFICE USE ONLY		Yes $\rightarrow$ Skip to 27e No
25	<b>a.</b> How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.		<ul> <li>d. Has this person been looking for work during the last 4 weeks?</li> <li>☐ Yes</li> <li>☐ No → Skip to 28</li> </ul>
	Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle		<ul> <li>e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</li> <li>Yes, could have gone to work</li> <li>No, because of own temporary illness</li> <li>No, because of all other reasons (in school, etc.)</li> </ul>
		28	When did this person last work, even for a few days?  Do not include subsistence activity.  2000
25	If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.  b. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?  Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people		<ul> <li>1999</li> <li>1998</li> <li>1995 to 1997</li> <li>1990 to 1994 → Skip to 33</li> <li>1989 or earlier → Skip to 33</li> <li>Never worked; or did subsistence only → Skip to 33</li> </ul>

Person 2 (continued) Was this person — Mark X ONE box. **Industry or Employer** — Describe clearly this person's chief job activity or business last week. If this person had Employee of a PRIVATE-FOR-PROFIT company or more than one job, describe the one at which this person business or of an individual, for wages, salary, or worked the most hours. If this person had no job or commissions business last week, give the information for his/her last job Employee of a PRIVATE NOT-FOR-PROFIT, or business since 1995. tax-exempt, or charitable organization a. For whom did this person work? If now on Local or territorial GOVERNMENT employee (territorial/ active duty in the Armed Forces, mark (x) this box  $\rightarrow ($ commonwealth, etc.) and print the branch of the Armed Forces. J Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED Name of company, business, or other employer business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm Working WITHOUT PAY in family business or farm a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity. [\_] Yes b. What kind of business or industry was this?  $\bigcup$  No  $\rightarrow$  Skip to 33 Describe the activity at location where employed. (For b. How many weeks did this person work in 1999? example: hospital, fish cannery, watchmaker, auto repair shop, bank) Count paid vacation, paid sick leave, and military service; do not count subsistence activity. Weeks c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity. c. Is this mainly — Mark X ONE box. Usual hours worked each WEEK Manufacturing? Retail trade? **INCOME IN 1999** — Mark 🗷 the "Yes" box for each Other (agriculture, construction, service, income source received during 1999 and enter the total government, etc.)? amount received during 1999 to a maximum of \$999,999. Mark (x) the "No" box if the income source was not Occupation received. a. What kind of work was this person doing? If net income was a loss, enter the amount and mark 🔀 (For example: registered nurse, machine repairer, watch the "Loss" box next to the dollar amount. maker, auto mechanic, accountant) For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark 🗶 the "No" box for the other person. If exact amount is not known, please give best estimate. a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items. Yes Annual amount — Dollars b. What were this person's most important activities or duties? (For example: patient care, ( No repairing machinery, making watches, repairing



automobiles, reconciling financial records)

Loss

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET

Annual amount — Dollars

income after business expenses.

Yes

U No

Person 2 (continued)	Person (1+1=2 n
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.	Person 1+1=2 •
Yes Annual amount — <i>Dollars</i>	Information about
\$   .00	children helps your community plan for child care, education,
d. Social Security or Railroad Retirement	and recreation.
Yes Annual amount — Dollars	
\$   .   .00	
□ No	What is this person's name? Print the name of Person 3 from page 2.
e. Supplemental Security Income (SSI)	Last Name
Yes Annual amount — Dollars	East Name
\$   ,     .00	First News
☐ No	First Name MI
f. Any public assistance or welfare payments from the state or local welfare office	
Yes Annual amount — <i>Dollars</i>	How is this person related to Person 1?  Mark (X) ONE box.
\$   .   .00	Husband/wife
□ No	Natural-born son/daughter
g. Retirement, survivor, or disability pensions —	Adopted son/daughter
Do NOT include Social Security.	Stepson/stepdaughter
Yes Annual amount — <i>Dollars</i>	Brother/sister
\$     ,     .00	Father/mother Grandchild
No	Parent-in-law
h. Any remittances — Include money from relatives outside the household or in the military.	Son-in-law/daughter-in-law Other relative — Print exact relationship.
Yes Annual amount — <i>Dollars</i>	Other relative Trine exact relationship.
\$      ,     .00	
□ No	FOR OFFICE USE ONLY
i. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT	If NOT RELATED to Person 1:
include lump-sum payments such as money from an inheritance or sale of a home.	Roomer, boarder Housemate, roommate
Yes Annual amount — <i>Dollars</i>	Unmarried partner
\$	Foster child
□ No	Other nonrelative
What was this person's total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark (x) the "Loss" box next to the dollar amount.	What is this person's sex? Mark (X) ONE box.  Male Female
Annual amount — Dollars  None OR \$ .00 \ Loss	
Are there more people living here? If yes, continue with Person 3.	

4	What is this person's age and what is this person's date of birth?  Age on April 1, 2000	8	a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
	Age off April 1, 2000		No schooling completed
			Pre-kindergarten to 4th grade
	Print numbers in boxes.		5th grade or 6th grade
	Month Day Year of birth		7th grade or 8th grade
			9th grade
			10th grade
5	What is this person's ethnic origin or race?		11th grade
			12th grade, <b>NO DIPLOMA</b>
			HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
	(For example: Chamorro, Samoan, White, Black,		Some college credit, but less than 1 year
	Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)		1 or more years of college, no degree
	and so only		Associate degree (for example: AA, AS)
	FOR OFFICE		Bachelor's degree (for example: BA, AB, BS)
	USE ONLY	_	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
6	What is this person's marital status?  Now married		Professional degree (for example: MD, DDS, DVM, LLB, JD)
	Widowed		Doctorate degree (for example: PhD, EdD)
	Divorced		b. Has this person completed the requirements for a
	Separated		vocational training program at a trade school, business
	Never married		school, hospital, some other kind of school for
7	a. At any time since February 1, 2000, has this		occupational training, or place of work? Do not include academic college courses.
Ψ	person attended regular school or college? Include		□ No
	only pre-kindergarten, kindergarten, elementary school,		Yes, in this Area
	and schooling which leads to a high school diploma or a college degree.		Yes, not in this Area
	$\square$ No, has not attended since February 1 $\rightarrow$ <i>Skip to 8a</i>		
	Yes, public school, public college	Y	a. Does this person speak a language other than English at home?
	Yes, private school, private college		Yes
	b. What grade or level was this person attending?		
	Mark 🗷 ONE box.  Pre-kindergarten		b. What is this language?
	☐ Kindergarten		
	Grade 1 to grade 4 Grade 5 to grade 8		(For example: Chamorro, Samoan, Carolinian, Tongan)
	Grade 9 to grade 12		FOR OFFICE USE ONLY
	College undergraduate years (freshman to senior) Graduate or professional school (for example:		c. Does this person speak this language at home more frequently than English?
	medical, dental, or law school)		
			Yes, more frequently than English  Both equally often
			No, less frequently than English
			Does not speak English
			,
		1	Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
			FOR OFFICE



Person 3 (continued) Is this person a CITIZEN or NATIONAL of the United States? 16 b. Where did this person live 5 years ago? Name of island, U.S. state, commonwealth,  $\bigcup$  Yes, born in this Area  $\rightarrow$  Skip to 14a territory, or foreign country. If outside this Area, Yes, born in the United States or another U.S. territory print the answer below and skip to 17. or commonwealth Yes, born elsewhere of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident) c. Name of city, town, or village When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes. Year Does this person have any of the following long-lasting conditions: What was this person's main reason for moving to Yes No this Area? a. Blindness, deafness, or a severe vision or hearing impairment? Employment b. A condition that substantially limits Subsistence activities one or more basic physical activities such as walking, climbing stairs, Missionary activities reaching, lifting, or carrying? Moved with spouse or parent Because of a physical, mental, or emotional To attend school condition lasting 6 months or more, does Medical this person have any difficulty in doing any of Housing the following activities: Other Yes No a. Learning, remembering, or a. Where was this person's mother born? Print the name concentrating? of the island (village in American Samoa), U.S. state, b. Dressing, bathing, or getting around commonwealth, territory, or foreign country. inside the home? c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? **b. Where was this person's father born?** Print the name d. (Answer if this person is 16 YEARS OLD of the island (village in American Samoa), U.S. state, OR OVER.) Working at a job or business? commonwealth, territory, or foreign country. Was this person under 15 years of age on April 1, 2000?  $\bigcup$  Yes  $\rightarrow$  Skip to 35 LJ No Is this person a dependent of an active-duty or retired member of the Armed Forces of the United a. If this person is female, how many babies has she States or of the full-time military Reserves or ever had, not counting stillbirths? Do not count National Guard? "Active duty" does NOT include stepchildren or children she has adopted. training for the military Reserves or National Guard.  $\bigcup$  None  $\rightarrow$  Skip to 21a Yes, dependent of an active-duty member of the Armed Forces ( ) 6 11 2 7 12 Yes, dependent of retired member of the Armed Forces, or

dependent of an active-duty or retired member of full-time
National Guard or Armed Forces Reserve

No

No

No

16

a. Did this person live in this house or apartment
5 years ago (on April 1, 1995)?

Person is under 5 years old → Skip to 35

Yes, this house → Skip to 17

No, different house

b. What was the date of birth of the last child born to this person? Print numbers in boxes.Month Day Year of birth

13

☐ 14☐ 15 or more

lonth Day Year of birth

8

9

3

21	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	LAST WEEK, did this person do ANY work for either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family
	Yes	business or farm for 15 hours or more, or was on active
	$\bigcirc \text{No} \rightarrow \text{Skip to } 22a$	duty in the Armed Forces. Also indicate whether the
	<ul> <li>b. Is this grandparent currently responsible for most</li> </ul>	person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark (x) ONE box.
	of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?	Yes, worked for pay or profit; did NO subsistence activity
	Yes	Yes, worked for pay or profit AND did subsistence activity
	$\bigcirc \text{ No} \rightarrow \text{Skip to 22a}$	No, did NOT work for pay or profit; did subsistence
	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer	activity $\rightarrow$ <i>Skip to 27a</i> No, did NOT work for pay or profit; did NO subsistence activity $\rightarrow$ <i>Skip to 27a</i>
		At what location did this person work LAST WEEK?  Do not include subsistence activity. If this person worked at more than one location, print where he or she worked
	6 to 11 months	most last week.
	1 or 2 years	a. Name of island, U.S. state, commonwealth, territory, or foreign country
	3 or 4 years	
	5 years or more	
22	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training	FOR OFFICE USE ONLY
	for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	b. Name of city, town, or village
	Yes, now on active duty	
	Yes, on active duty in past, but not now	FOR OFFICE
	No, training for Reserves or National Guard	USE ONLY
	only $\rightarrow$ <i>Skip to 23</i> No, never served in the military $\rightarrow$ <i>Skip to 23</i>	a. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method
	<b>b. When did this person serve on active duty in the U.S. Armed Forces?</b> <i>Mark</i> (X) a box for <i>EACH period in which this person served.</i>	of transportation during the trip, mark (X) the box of the one used for most of the distance.
	April 1995 or later	Car, truck, or private van/bus
	Agust 1990 to March 1995 (including Persian Gulf War)	Public van/bus
	September 1980 to July 1990	Boat
	May 1975 to August 1980	Taxicab
	Vietnam era (August 1964—April 1975)	☐ Motorcycle
	February 1955 to July 1964	☐ Bicycle
	Korean conflict (June 1950—January 1955)	Walked
	World War II (September 1940—July 1947)	
	Some other time	Other method
		If "Car, truck, or private van/bus" is marked in 25a,
	c. In total, how many years of active-duty military service has this person had?	go to 25b. Otherwise, skip to 26a.  b. How many people, including this person, usually
	Less than 2 years	rode to work in the car, truck, or private van/bus
	2 years or more	LAST WEEK?
		Drove alone
		2 people
		3 people
		4 people
		5 or 6 people
		1 1 7 or more people



26	a. What time did this person usually leave home to go to work LAST WEEK?	Industry or Employer — 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 the information for his/her last job or business since 1995.  a. For whom did this person work? If now on active duty in the Armed Forces, mark ★ this box → and print the branch of the Armed Forces.  Name of company, business, or other employer
27	a. LAST WEEK, was this person on layoff from a job?	
T	Yes $\rightarrow$ Skip to 27c	FOR OFFICE
	No	USE ONLY L
	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, labor	b. What kind of business or industry was this?  Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
	dispute, etc. $\rightarrow$ <i>Skip to 28</i>	
	$\bigcup$ No $\rightarrow$ Skip to 27d	
	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?	c. Is this mainly — Mark 🗷 ONE box.
	$\bigcirc$ Yes $\rightarrow$ Skip to 27e $\bigcirc$ No	☐ Manufacturing? ☐ Wholesale trade?
	d. Has this person been looking for work during the last 4 weeks?	Retail trade? Other (agriculture, construction, service, government, etc.)?
	Yes	0 Occupation
	$\bigcirc$ No $\rightarrow$ Skip to 28	a. What kind of work was this person doing?
	e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	(For example: registered nurse, machine repairer, watch maker, auto mechanic, accountant)
	Yes, could have gone to work	
	No, because of own temporary illness	
	No, because of all other reasons (in school, etc.)	
28	When did this person last work, even for a few days?  Do not include subsistence activity.	FOR OFFICE USE ONLY
	2000 1999	
	1998	b. What were this person's most important activities or duties? (For example: patient care,
	1995 to 1997	repairing machinery, making watches, repairing
	☐ 1990 to 1994 → <i>Skip to 33</i>	automobiles, reconciling financial records)
	1989 or earlier $\rightarrow$ <i>Skip to 33</i>	
	$\bigcup$ Never worked; or did subsistence only $\rightarrow$ <i>Skip to 33</i>	

Was this person — Mark ☒ ONE box.  ☐ Employee of a PRIVATE-FOR-PROFIT company or	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report
business or of an individual, for wages, salary, or	even small amounts credited to an account.  Yes Annual amount — Dollars
commissions  Employee of a PRIVATE NOT-FOR-PROFIT,	
tax-exempt, or charitable organization	\$   .00 □ Loss
Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)	
Federal GOVERNMENT employee	d. Social Security or Railroad Retirement  Yes Annual amount — Dollars
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm	
SELF-EMPLOYED in own INCORPORATED business,	\$   .00   .00
professional practice, or farm  Working WITHOUT PAY in family business or farm	
	e. Supplemental Security Income (SSI)  Yes Annual amount — Dollars
a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include	
subsistence activity.	\$
$ \bigcirc Yes  \bigcirc No \rightarrow Skip to 33 $	
b. How many weeks did this person work in 1999?	f. Any public assistance or welfare payments from the state or local welfare office
Count paid vacation, paid sick leave, and military service,	Yes Annual amount — <i>Dollars</i>
do not count subsistence activity. Weeks	\$     .00
	□ No
c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do	g. Retirement, survivor, or disability pensions — Do NOT include Social Security.
not include subsistence activity.	Yes Annual amount — <i>Dollars</i>
Usual hours worked each WEEK	\$     .00
	□ No
INCOME IN 1999 — Mark X the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,99	h. Any remittances — Include money from relatives outside the household or in the military.
Mark (X) the "No" box if the income source was not received.	Yes Annual amount — <i>Dollars</i>
If net income was a loss, enter the amount and mark	\$     ,     .00
the "Loss" box next to the dollar amount.	□ No
For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate.	i. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.
a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for	Yes Annual amount — Dollars
taxes, bonds, dues, or other items.  Yes Annual amount — Dollars	\$
\$	│
□ No	34 What was this person's total income in 1999? Add
b. Self-employment income from own nonfarm businesses or farm businesses, including	entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
proprietorships and partnerships — Report NET income after business expenses.	Annual amount — Dollars
Yes Annual amount — <i>Dollars</i>	None OR \$ .00 Loss
\$     ,     .00   Loss	35 Are there more people living here? If yes,
□ No	continue with Person 4.



# Person





Knowing about age, race, and sex helps your community better meet the needs of everyone.

First Name  M  How is this person related to Person 1?  Mark ONE box.  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law  Other relative — Print exact relationship.	How is this person related to Person 1?  Mark ONE box.  Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law	Last	t Na	me										
How is this person related to Person 1?  Mark ONE box.  Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law	How is this person related to Person 1?  Mark ONE box.  Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship.  FOR OFFICE USE ONLY  If NOT RELATED to Person 1: Roomer, boarder													
Mark (X) ONÉ box.  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law	Mark (X) ONE box.  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law  Other relative — Print exact relationship.  FOR OFFICE USE ONLY  If NOT RELATED to Person 1:	First	: Na	me										M
Mark (X) ONE box.  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law	Mark (X) ONÉ box.  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law  Other relative — Print exact relationship.  FOR OFFICE USE ONLY  If NOT RELATED to Person 1:													
	USE ONLY  If NOT RELATED to Person 1:  Roomer, boarder	Mai	Hus Nat Add Ste Bro Fatl Gra Pare Sor	sbar sbar tura opte pso othe her/ ent- n-in-	nd/\ nd/\ nd/\ l-bc ed s n/st r/sis /mo child -in-l	wife orn son/cepd ster ther d	r. son, dau aug	/dau ight ghte	ught er er	cer				
	Unmarried partner Foster child Other nonrelative		Roo Hou Unn Fost	me usen narr ter o	r, b mate ried child	oard e, ro par	der om tne	ıma			<i>.</i>	IVE I		

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a. At personly pand so college N Y. b. WI Mark	/idov /ivorc epara ever any on at choo e de o, ha es, p es, p	ved ed mar tim ten inde inde inde inde inde inde inde in	rried  de si ded  whi e  ot at c sch te sc box	regional regions in the contract of the contra	gul , <i>ki</i> lead ded l, pi	ar s nde ds to d sin ublic oriva	lary cho rgal o a lice !	<b>1, 1, tool</b> rter  high	or on one of the scale of the s	eme hoc y 1	e <b>ge</b> enta ol di <sub>l</sub>	<b>?</b> In ary s plor Skip	iclud scho ma d o to
a. At person only pand so colleged N Y Y D. WI Mark	/idov /ivorcc epara ever any on at cchoo ee de o, ha ees, p ees, p	ved ed ed mar timeted indesingered as no ublicity and practical pr	ne si ded ded wh. e. ot at c sch te sc box	regional regions in the contract of the contra	gul , <i>ki</i> lead ded l, pi	ar s nde ds to d sin ublic oriva	lary cho rgal o a lice !	<b>1, 1, tool</b> rter  high	or on one of the scale of the s	eme hoc y 1	e <b>ge</b> enta ol di <sub>l</sub>	<b>?</b> In ary s plor Skip	iclud scho ma d o to
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a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently	1 Is this person a CITIZEN or NATIONAL of the United States?
enrolled, mark the previous grade or highest degree received.	$\square$ Yes, born in this Area $\rightarrow$ <i>Skip to 14a</i>
No schooling completed	Yes, born in the United States or another U.S. territory
Pre-kindergarten to 4th grade	or commonwealth
5th grade or 6th grade	Yes, born elsewhere of U.S. parent or parents
7th grade or 8th grade	Yes, a U.S. citizen by naturalization
9th grade	No, not a U.S. citizen or national (permanent resident)
10th grade	No, not a U.S. citizen or national (temporary resident)
11th grade	When did this person come to this Area to stay? If
<ul> <li>12th grade, NO DIPLOMA</li> <li>HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)</li> </ul>	this person has entered the Area more than once, what is the latest year? Print numbers in boxes.
Some college credit, but less than 1 year	Year
1 or more years of college, no degree	
Associate degree (for example: AA, AS)	
Bachelor's degree (for example: AA, AB, BS)	What was this person's main reason for moving to
Master's degree (for example: MA, MS, MEng, MEd,	this Area?
MSW, MBA)	Employment
Professional degree (for example: MD, DDS, DVM,	Military
LLB, JD)	Subsistence activities
Doctorate degree (for example: PhD, EdD)	Missionary activities
b. Has this person completed the requirements for a	Moved with spouse or parent
vocational training program at a trade school, business	To attend school
school, hospital, some other kind of school for occupational training, or place of work? Do not include	Medical
academic college courses.	Housing
□ No	Other
Yes, in this Area	<b>4</b> a. Where was this person's mother born? Print the
Yes, not in this Area	name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
a. Does this person speak a language other than English at home?	
Yes	FOR OFFICE USE ONLY
$\bigcup No \to Skip \ to \ 10$	b. Where was this person's father born? Print the
b. What is this language?	name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	state, commonwealth, territory, or roreign country.
(For example: Chamorro, Samoan, Carolinian, Tongan)	FOR OFFICE
FOR OFFICE USE ONLY	USE ONLY  Is this person a dependent of an active-duty or
c. Does this person speak this language at home more frequently than English?	retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include
Yes, more frequently than English	training for the military Reserves or National Guard.
Both equally often	Yes, dependent of an active-duty member of the
No, less frequently than English	Armed Forces
Does not speak English	Yes, dependent of retired member of the Armed
	Forces, or dependent of an active-duty or retired
Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth,	member of full-time National Guard or Armed Forces Reserve
territory, or foreign country.	No
FOR OFFICE	

1	a. Did this person live in this house or ap 5 years ago (on April 1, 1995)?  Person is under 5 years old → Skip to 35  Yes, this house → Skip to 17  No, different house  b. Where did this person live 5 years ago Name of island, U.S. state, commonweal territory, or foreign country. If outside this print the answer below and skip to 17.	o? th,	rt 2	a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.  None → Skip to 21a  1 6 11  2 7 12  3 8 13  4 9 14  5 10 15 or more  b. What was the date of birth of the last child born to this person? Print numbers in boxes.  Month Day Year of birth
	USE ONLY L			
	c. Name of city, town, or village			a. Does this person have any of his/her own
	FOR OFFICE			grandchildren under the age of 18 living in this
	FOR OFFICE USE ONLY			house or apartment?  Yes
	Does this person have any of the follow	ina		$\bigcirc$ No $\rightarrow$ Skip to 22a
4	long-lasting conditions:	iiig		b. Is this grandparent currently responsible for most
	a. Blindness, deafness, or a severe	Yes	No _	of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
	vision or hearing impairment?			Yes
	<ul> <li>A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?</li> </ul>			<ul> <li>No → Skip to 22a</li> <li>c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is</li> </ul>
1	Because of a physical, mental, or emotion condition lasting 6 months or more, does this person have any difficulty in doing the following activities:	es any of		financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.  Less than 6 months
	a. Learning, remembering, or	Yes	No	6 to 11 months  1 or 2 years
	concentrating?			3 or 4 years
	b. Dressing, bathing, or getting around inside the home?			5 years or more
	<ul><li>c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?</li></ul>		2	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training
	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?			for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
1	9 Was this person under 15 years of age o	on		Yes, now on active duty Yes, on active duty in past, but not now
٦	April 1, 2000?			No, training for Reserves or National Guard
	$\bigcirc \text{ Yes} \to \text{Skip to 35}$			only $\rightarrow$ <i>Skip</i> to 23
	∪ No			$\bigcup$ No, never served in the military $\rightarrow$ <i>Skip to 23</i>

22	b. 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.	a. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method
	April 1995 or later	of transportation during the trip, mark (x) the box of the
	August 1990 to March 1995 (including Persian Gulf War)	one used for most of the distance.
	September 1980 to July 1990	Car, truck, or private van/bus
	☐ May 1975 to August 1980	Public van/bus
	Vietnam era (August 1964—April 1975)	Boat
	February 1955 to July 1964	Taxicab
	Korean conflict (June 1950—January 1955)	Motorcycle
	World War II (September 1940—July 1947)	Bicycle
	Some other time	Walked
	Some other time	
	c. In total, how many years of active-duty military	Other method
	service has this person had?	If "Car, truck, or private van/bus" is marked in 25a,
	Less than 2 years	go to 25b. Otherwise, skip to 26a.
	2 years or more	b. How many people, including this person, usually rode to work in the car, truck, or private van/bus
23	LAST WEEK, did this person do ANY work for	LAST WEEK?
	either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family	Drove alone
	business or farm for 15 hours or more, or was on active	2 people
	duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing,	3 people
	growing crops, etc., NOT primarily for commercial	4 people
	purposes. Mark 🗷 ONE box.	5 or 6 people
	Yes, worked for pay or profit; did NO subsistence activity	7 or more people
	Yes, worked for pay or profit AND did subsistence activity	a. What time did this person usually leave home
	<ul> <li>No, did NOT work for pay or profit; did subsistence activity → Skip to 27a</li> </ul>	to go to work LAST WEEK?
	No, did NOT work for pay or profit; did NO subsistence activity $\rightarrow$ <i>Skip to 27a</i>	b. How many minutes did it usually take this
21	At what location did this person work LAST WEEK?	person to get from home to work LAST WEEK?
Ψ	Do not include subsistence activity. If this person worked	Minutes
	at more than one location, print where he or she worked	
	most last week.	
	a. Name of island, U.S. state, commonwealth, territory, or foreign country	
	territory, or foreign country	Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.
		work for pay or profit last week. Others skip to 29.
	TOP OFFICE	a. LAST WEEK, was this person on layoff from a job?
	FOR OFFICE USE ONLY	$\square$ Yes $\rightarrow$ Skip to 27c
	Is Many of the Control of the Control	□ No
	b. Name of city, town, or village	
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	FOR OFFICE USE ONLY	Yes, on vacation, temporary illness, labor
	USE UNLT	dispute, etc. $\rightarrow$ <i>Skip to 28</i>
		$\bigcirc$ No $\rightarrow$ Skip to 27d
		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?
		$\bigcup \text{ Yes} \to \text{Skip to 27e}$
		U No



27		30	Occupation
I	the last 4 weeks?	Ī	a. What kind of work was this person doing?
	Yes $\bigcirc$ No $\rightarrow$ <i>Skip to 28</i>		(For example: registered nurse, machine repairer, watch maker, auto mechanic, accountant)
	,		
	e. 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		FOR OFFICE
	No, because of all other reasons (in school, etc.)		FOR OFFICE USE ONLY
28	When did this person last work, even for a few days?  Do not include subsistence activity.  2000		b. What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing
	1999		automobiles, reconciling financial records)
	1998 1995 to 1997		
	1989 or earlier $\rightarrow$ <i>Skip to 33</i>		
	$\bigcup$ Never worked; or did subsistence only $\rightarrow$ <i>Skip to 33</i>		
29		31	Was this person — Mark 🗷 ONE box.
	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 the information for his/her last job or business since 1995.  a. For whom did this person work? If now on active duty in the Armed Forces, mark ✗ this box → □ and print the branch of the Armed Forces.  Name of company, business, or other employer		<ul> <li>Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions</li> <li>Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization</li> <li>Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)</li> <li>Federal GOVERNMENT employee</li> <li>SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm</li> <li>SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm</li> <li>Working WITHOUT PAY in family business or farm</li> </ul>
	FOR OFFICE USE ONLY	32	a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include
	<b>b. What kind of business or industry was this?</b> Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)		subsistence activity.  ☐ Yes ☐ No → Skip to 33  b. How many weeks did this person work in 1999?
			Count paid vacation, paid sick leave, and military service; do not count subsistence activity.  Weeks
	<ul> <li>c. Is this mainly — Mark  ONE box.</li> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, construction, service, government, etc.)?</li> </ul>		c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity. Usual hours worked each WEEK

INCOME IN 1999 — Mark  the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark  the "No" box if the income source was not received.  If net income was a loss, enter the amount and mark  the "Loss" box next to the dollar amount.  For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark  the "No" box for the other person. If exact amount is not known, please give best estimate.	g. Retirement, survivor, or disability pensions —  Do NOT include Social Security.  Yes Annual amount — Dollars  No  h. Any remittances — Include money from relatives outside the household or in the military.  Yes Annual amount — Dollars  \$ 1.00
a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.  Yes Annual amount — Dollars  No  b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.  Yes Annual amount — Dollars  No	i. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.  Yes Annual amount — Dollars  No  No  What was this person's total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark x the "Loss" box next to the dollar amount.
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.  Yes Annual amount — Dollars  No  No	Annual amount — Dollars  None OR  Solution 1.00 Loss  Are there more people living here? If yes, continue with Person 5.
d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  Supplemental Security Income (SSI)  Yes Annual amount — Dollars  Supplemental Security Income (SSI)  Yes Annual amount — Dollars  Supplemental Security Income (SSI)  Yes Annual amount — Dollars  Supplemental Security Income (SSI)  Yes Annual amount — Dollars  Yes Annual amount — Dollars  No	

# Person 5



Your answers help your community plan for the future.

First Name  M  How is this person related to Person 1?  Mark ** ONE box.*  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law  Other relative — Print exact relationship.	Last	Nam	е											
How is this person related to Person 1?  Mark NONE box.  Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law														
Mark NONE box.  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law	First	Nam	е											М
Mark NONE box.  Husband/wife  Natural-born son/daughter  Adopted son/daughter  Stepson/stepdaughter  Brother/sister  Father/mother  Grandchild  Parent-in-law  Son-in-law/daughter-in-law														
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	Ō:	Son-ir	n-law	/da	_			ract	OR C		CE	ip.		
If NOT RELATED to Person 1:		Son-ir Other	relat	/dau tive	— <i>I</i>	Prin	t ex	FC U			CE	ip.		
If NOT RELATED to Person 1:  Roomer, boarder  Housemate, roommate		Son-ir Other OT RE	relate	/dau tive	— <i>I</i> ler	Prin	<i>t ex</i> n 1:	FC U	OR C		CE	ip.		
If NOT RELATED to Person 1:  Roomer, boarder  Housemate, roommate  Unmarried partner		Other  OT RE  Roome	LATE er, bo	D to	— Peller	Prin Prin	<i>t ex</i> n 1:	FC U	OR C		CE	ip.		
If NOT RELATED to Person 1:  Roomer, boarder  Housemate, roommate Unmarried partner Foster child		Other OT RE Roome	LATE er, bo mate rried child	D to	— Peller omittner	Prin Prin	<i>t ex</i> n 1:	FC U	OR C		CE	ip.		
If NOT RELATED to Person 1:  Roomer, boarder  Housemate, roommate  Unmarried partner  Foster child  Other nonrelative		Other  OT RE  Room  House  Jnma  Foster  Other	LATE er, bo mate child	D to pard pard l	Per	Prin             	n 1:	FC US	DR C	DFFI	CE			
If NOT RELATED to Person 1:  Roomer, boarder  Housemate, roommate Unmarried partner Foster child		OT REROOMA	LATE er, bo mate child	D to pard pard l	Per	Prin             	n 1:	FC US	DR C	DFFI	CE		VX.	

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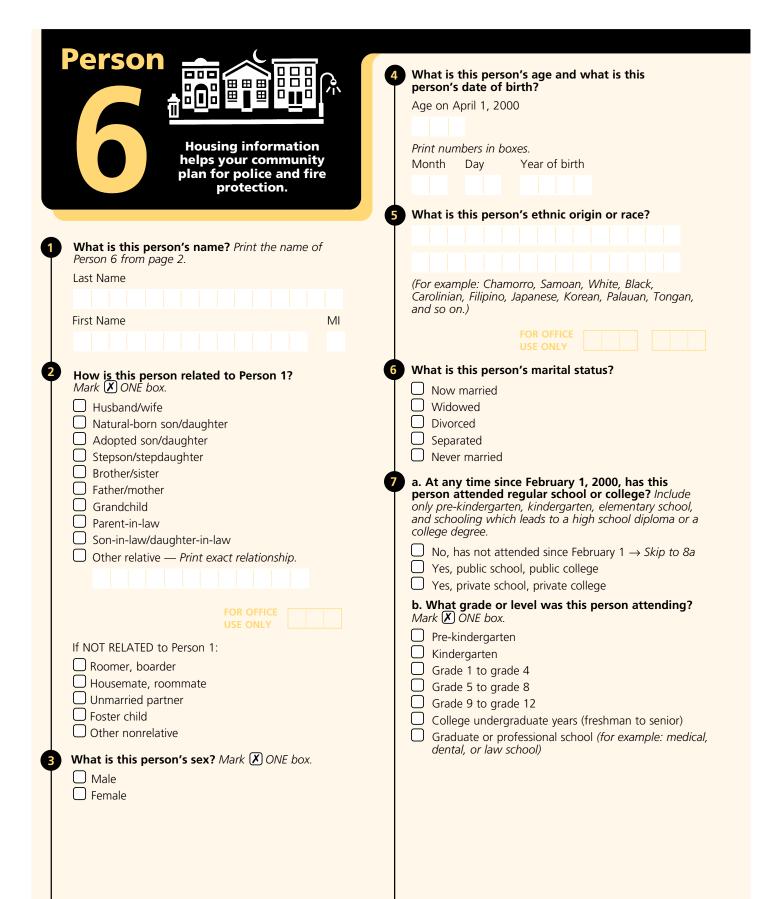
a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently appealed mark the provious grade or highest degree received	Is this person a CITIZEN or NATIONAL of the United States?
enrolled, mark the previous grade or highest degree received.	$\square$ Yes, born in this Area $\rightarrow$ <i>Skip to 14a</i>
No schooling completed	Yes, born in the United States or another U.S. territory
Pre-kindergarten to 4th grade	or commonwealth
5th grade or 6th grade	Yes, born elsewhere of U.S. parent or parents
7th grade or 8th grade	Yes, a U.S. citizen by naturalization
9th grade	No, not a U.S. citizen or national (permanent resident)
10th grade 11th grade	No, not a U.S. citizen or national (temporary resident)
12th grade, <b>NO DIPLOMA</b>	When did this person come to this Area to stay? If
HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	this person has entered the Area more than once, what is the latest year? Print numbers in boxes.
Some college credit, but less than 1 year	Year
1 or more years of college, no degree	
Associate degree (for example: AA_AS)	
Bachelor's degree (for example: BA, AB, BS)	What was this person's main reason for moving to this Area?
Master's degree (for example: MA, MS, MEng, MEd,	Employment
MSW, MBA)	Military
Professional degree (for example: MD, DDS, DVM,	Subsistence activities
LLB, JD)  Doctorate degree (for example: PhD, EdD)	Missionary activities
	Moved with spouse or parent
b. Has this person completed the requirements for a	To attend school
vocational training program at a trade school, business school, hospital, some other kind of school for	Medical
occupational training, or place of work? Do not include	Housing
academic college courses.	Other
□ No	
Yes, in this Area	<b>a. Where was this person's mother born?</b> Print the name of the island (village in American Samoa), U.S.
Yes, not in this Area	state, commonwealth, territory, or foreign country.
a. Does this person speak a language other than English at home?	
Yes	FOR OFFICE USE ONLY
$\bigcirc$ No $\rightarrow$ Skip to 10	<b>b. Where was this person's father born?</b> Print the name of the island (village in American Samoa), U.S.
b. What is this language?	state, commonwealth, territory, or foreign country.
(For example, Champers, Care Series Terran)	
(For example: Chamorro, Samoan, Carolinian, Tongan)	FOR OFFICE USE ONLY
FOR OFFICE USE ONLY	
c. Does this person speak this language at home more frequently than English?	retired member of the Armed Forces of the United States or of the full-time military Reserves or
Yes, more frequently than English	National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.
Both equally often	
No, less frequently than English	<ul> <li>Yes, dependent of an active-duty member of the Armed Forces</li> </ul>
Does not speak English	Yes, dependent of retired member of the Armed
Where was this person born? Print the name of the island	Forces, or dependent of an active-duty or retired
(village in American Samoa), U.S. state, commonwealth,	member of full-time National Guard or Armed Forces Reserve
territory, or foreign country.	No
FOR OFFICE	

1	a. Did this person live in this house or ap 5 years ago (on April 1, 1995)?  Person is under 5 years old → Skip to 35  Yes, this house → Skip to 17  No, different house  b. Where did this person live 5 years ago Name of island, U.S. state, commonweal territory, or foreign country. If outside this print the answer below and skip to 17.	o? th,	t 20	a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.  None → Skip to 21a  1 6 11  2 7 12  3 8 13  4 9 14  5 10 15 or more  b. What was the date of birth of the last child born to this person? Print numbers in boxes.  Month Day Year of birth
ı	USE ONLY L			
ı	c. Name of city, town, or village			A Development by the Children
ı			4	a. Does this person have any of his/her own grandchildren under the age of 18 living in this
ı	FOR OFFICE USE ONLY			house or apartment?
		_	•	
1	Does this person have any of the follow long-lasting conditions:	ring		·
ı		Yes	No	<ul> <li>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the</li> </ul>
ı	<ul> <li>a. Blindness, deafness, or a severe vision or hearing impairment?</li> </ul>			age of 18 who live(s) in this house or apartment?
ı	b. A condition that substantially limits			Yes
ı	one or more basic physical activities			$\bigcup$ No $\rightarrow$ Skip to 22a
ı	such as walking, climbing stairs, reaching, lifting, or carrying?			c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is
1	Because of a physical, mental, or emotion condition lasting 6 months or more, does this person have any difficulty in doing the following activities:	es any of	No	financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.  Less than 6 months
ı	a. Learning, remembering, or	Yes	No	☐ 6 to 11 months ☐ 1 or 2 years
ı	concentrating?			3 or 4 years
	b. Dressing, bathing, or getting around inside the home?			5 years or more
	<ul> <li>c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?</li> </ul>			a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training
	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?			for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
1	Was this person under 15 years of age o	on		Yes, now on active duty Yes, on active duty in past, but not now
٦	April 1, 2000?			No, training for Reserves or National Guard
ı	$\bigcirc \text{ Yes} \rightarrow \textit{Skip to 35}$			only $\rightarrow$ <i>Skip to 23</i>
	∪ No			$\bigcup$ No, never served in the military $\rightarrow$ <i>Skip to 23</i>
1				

22	b. 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.	a. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method
	April 1995 or later	of transportation during the trip, mark (x) the box of the one used for most of the distance.
	August 1990 to March 1995 (including Persian Gulf War)	
	September 1980 to July 1990	Car, truck, or private van/bus Public van/bus
	May 1975 to August 1980	
	Vietnam era (August 1964—April 1975)	☐ Boat ☐ Taxicab
	February 1955 to July 1964	Motorcycle
	Korean conflict (June 1950—January 1955)	Bicycle
	World War II (September 1940—July 1947)	Walked
	Some other time	Worked at home $\rightarrow$ <i>Skip to 29</i>
		Other method
	c. In total, how many years of active-duty military service has this person had?	
	Less than 2 years	If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.
	2 years or more	·
23	,	b. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?
Ψ	either pay or profit? Answer "Yes" even if the person	Drove alone
	worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active	2 people
	duty in the Armed Forces. Also indicate whether the	3 people
	person did subsistence activity last week, such as fishing,	4 people
	growing crops, etc., NOT primarily for commercial purposes. Mark X ONE box.	5 or 6 people
		7 or more people
	Yes, worked for pay or profit; did NO subsistence activity Yes, worked for pay or profit AND did subsistence activity	a. What time did this person usually leave home
	No, did NOT work for pay or profit; did subsistence activity → <i>Skip to 27a</i>	to go to work LAST WEEK?
	No, did NOT work for pay or profit; did NO subsistence activity → <i>Skip to 27a</i>	b. How many minutes did it usually take this
		person to get from home to work LAST WEEK?
24	At what location did this person work LAST WEEK?  Do not include subsistence activity. If this person worked	Minutes
	at more than one location, print where he or she worked most last week.	
	a. Name of island, U.S. state, commonwealth, territory, or foreign country	Anguary greations 27, 20 for moreover rule did not
	termory, or roreign country	Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.
	FOR OFFICE 7	a. LAST WEEK, was this person on layoff from a job?
	USE ONLY	$\bigvee \text{Yes} \rightarrow \textit{Skip to 27c}$
	b. Name of city, town, or village	U No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	FOR OFFICE	
	USE ONLY	<ul> <li>Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28</li> <li>No → Skip to 27d</li> </ul>
		c. Has this person been informed that he or she
		will be recalled to work within the next 6 months OR been given a date to return to work?
		☐ Yes → Skip to 27e
		□ No

Occupation  a. What kind of work was this person doing?
a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watch
maker, auto mechanic, accountant)
FOR OFFICE USE ONLY
b. What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)
<ul> <li>Was this person — Mark ☒ ONE box.</li> <li>□ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions</li> <li>□ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization</li> <li>□ Local or territorial GOVERNMENT employee (territoriallcommonwealth, etc.)</li> <li>□ Federal GOVERNMENT employee</li> <li>□ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm</li> <li>□ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm</li> <li>□ Working WITHOUT PAY in family business or farm</li> <li>a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.</li> </ul>
<ul> <li>Yes</li> <li>No → Skip to 33</li> <li>b. How many weeks did this person work in 1999?</li> <li>Count paid vacation, paid sick leave, and military service; do not count subsistence activity.</li> <li>Weeks</li> <li>c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity.</li> <li>Usual hours worked each WEEK</li> </ul>

INCOME IN 1999 — Mark X the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark X the "No" box if the income source was not received.	g. Retirement, survivor, or disability pensions — Do NOT include Social Security.  Yes Annual amount — Dollars  \$
If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.  For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark (X)	h. Any remittances — Include money from relatives outside the household or in the military.  Yes Annual amount — Dollars
the "No" box for the other person. If exact amount is not known, please give best estimate.  a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.  Yes Annual amount — Dollars  Sold — No  b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.	<ul> <li>No</li> <li>i. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.</li> <li>Yes Annual amount — Dollars</li> <li>No</li> </ul>
Yes Annual amount — Dollars  S	What was this person's total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark (x) the "Loss" box next to the dollar amount.  Annual amount — Dollars
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.	None OR \$ .00 Loss  Are there more people living here? If yes,
Yes Annual amount — Dollars  S   .00   Loss  No	continue with Person 6.
d. Social Security or Railroad Retirement  Yes Annual amount — Dollars  \$   .00  No  e. Supplemental Security Income (SSI)  Yes Annual amount — Dollars  \$   .00  No  f. Any public assistance or welfare payments from the state or local welfare office  Yes Annual amount — Dollars  No  No  No	



a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently	1 Is this person a CITIZEN or NATIONAL of the United States?
enrolled, mark the previous grade or highest degree received.	Yes, born in this Area $\rightarrow$ <i>Skip to 14a</i>
No schooling completed	Yes, born in the United States or another U.S. territory
Pre-kindergarten to 4th grade	or commonwealth
5th grade or 6th grade	Yes, born elsewhere of U.S. parent or parents
7th grade or 8th grade	Yes, a U.S. citizen by naturalization
9th grade	No, not a U.S. citizen or national (permanent resident)
10th grade	No, not a U.S. citizen or national (temporary resident)
11th grade	2 When did this person come to this Area to stay? If
12th grade, <b>NO DIPLOMA</b> HIGH SCHOOL GRADUATE — high school DIPLOMA	this person has entered the Area more than once,
or the equivalent (for example: GED)	what is the latest year? Print numbers in boxes. Year
Some college credit, but less than 1 year	Teal
1 or more years of college, no degree	
Associate degree (for example: AA, AS)	3 What was this person's main reason for moving to
Bachelor's degree (for example: BA, AB, BS)	this Area?
Master's degree (for example: MA, MS, MEng, MEd,	Employment
MSW, MBA)  Professional degree (for example: MD, DDS, DVM)	Military
Professional degree (for example: MD, DDS, DVM, LLB, JD)	Subsistence activities
Doctorate degree (for example: PhD, EdD)	Missionary activities
b. Has this person completed the requirements for a	Moved with spouse or parent
vocational training program at a trade school, business	To attend school
school, hospital, some other kind of school for	Medical
occupational training, or place of work? Do not include academic college courses.	Housing
□ No	Other
Yes, in this Area	<b>4</b> a. Where was this person's mother born? Print the
Yes, not in this Area	name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	state, commonwealth, territory, or foreign country.
9 a. Does this person speak a language other than English at home?	
Yes	FOR OFFICE USE ONLY
$\bigcirc$ No $\rightarrow$ Skip to 10	b. Where was this person's father born? Print the
b. What is this language?	name of the island (village in American Samoa), U.S.
b. What is this language:	state, commonwealth, territory, or foreign country.
(For example: Chamorro, Samoan, Carolinian, Tongan)	FOR OFFICE
FOR OFFICE	USE ONLY
USE ONLY1	Is this person a dependent of an active-duty or
c. Does this person speak this language at home more frequently than English?	retired member of the Armed Forces of the United States or of the full-time military Reserves or
Yes, more frequently than English	National Guard? "Active duty" does NOT include
Both equally often	training for the military Reserves or National Guard.
No, less frequently than English	Yes, dependent of an active-duty member of the
Does not speak English	Armed Forces  Yes, dependent of retired member of the Armed
	Forces, or dependent of an active-duty or retired
Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth,	member of full-time National Guard or
territory, or foreign country.	Armed Forces Reserve  No
	J 140
FOR OFFICE	

1	a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?  ☐ Person is under 5 years old → Skip to 35 ☐ Yes, this house → Skip to 17 ☐ No, different house  b. Where did this person live 5 years ago?  Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17.  FOR OFFICE USE ONLY	a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.  None → Skip to 21a  1 6 11  2 7 12  3 8 13  4 9 14  5 10 15 or more  b. What was the date of birth of the last child born to this person? Print numbers in boxes.  Month Day Year of birth
	c. Name of city, town, or village	
	FOR OFFICE USE ONLY	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes
1	Does this person have any of the following	$\bigcirc$ No $\rightarrow$ Skip to 22a
	long-lasting conditions:  Yes No a. Blindness, deafness, or a severe vision or hearing impairment?	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	<ul> <li>Yes</li> <li>No → Skip to 22a</li> <li>c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is</li> </ul>
18	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:	financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.  Less than 6 months
	Yes No a. Learning, remembering, or	6 to 11 months
	concentrating?	1 or 2 years 3 or 4 years
	b. Dressing, bathing, or getting around inside the home?	5 years or more
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include
	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	activation, for example, for the Persian Gulf War.
19	Was this person under 15 years of age on April 1, 2000?  ☐ Yes → Skip to 35 ☐ No	<ul> <li>Yes, now on active duty</li> <li>Yes, on active duty in past, but not now</li> <li>No, training for Reserves or National Guard only → Skip to 23</li> <li>No, never served in the military → Skip to 23</li> </ul>

22	b. 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.	a. How did this person usually get to work LAST WEEK? Do not include transportation subsistence activity. If this person usually used more than one
	April 1995 or later	method of transportation during the trip, mark <b>X</b> the box of the one used for most of the distance.
	August 1990 to March 1995 (including Persian Gulf War)	
	September 1980 to July 1990	Car, truck, or private van/bus  Public van/bus
	May 1975 to August 1980	Boat
	Vietnam era (August 1964—April 1975)	Taxicab
	February 1955 to July 1964	Motorcycle
	Korean conflict (June 1950—January 1955)	Bicycle
	World War II (September 1940—July 1947)	Walked
	Some other time	$\square$ Worked at home $\rightarrow$ <i>Skip to 29</i>
	c. In total, how many years of active-duty military	Other method
	service has this person had?	If "Car truck or private van/hus" is marked in 35a
	Less than 2 years	If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.
	2 years or more	b. How many people, including this person, usually
	,	rode to work in the car, truck, or private van/bus
23	LAST WEEK, did this person do ANY work for	LAST WEEK?
	either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family	Drove alone
	business or farm for 15 hours or more, or was on active	2 people
	duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing,	3 people
	growing crops, etc., NOT primarily for commercial	4 people
	purposes. Mark 🗷 ONE box.	5 or 6 people 7 or more people
	Yes, worked for pay or profit; did NO subsistence activity	
	No, did NOT work for pay or profit; did subsistence	a. What time did this person usually leave home to go to work LAST WEEK?
	activity → <i>Skip to 27a</i> No, did NOT work for pay or profit; did NO subsistence	a.m. p.m.
24	activity → Skip to 27a	b. How many minutes did it usually take this person to get from home to work LAST WEEK?
<b>4</b>	Do not include subsistence activity. If this person worked	Minutes
	at more than one location, print where he or she worked most last week.	
	a. Name of island, U.S. state, commonwealth, territory, or foreign country	
	territory, or foreign country	Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.
	FOR OFFICE	a. LAST WEEK, was this person on layoff from a job?
	USE ONLY	$\bigcup_{n \in \mathbb{N}} \operatorname{Yes} \to \operatorname{Skip} \text{ to } 27c$
	b. Name of city, town, or village	U No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	FOR OFFICE	Yes, on vacation, temporary illness, labor
	USE ONLY	dispute, etc. $\rightarrow$ <i>Skip to 28</i> No $\rightarrow$ <i>Skip to 27d</i>
		c. Has this person been informed that he or she
		will be recalled to work within the next 6 months OR been given a date to return to work?
		☐ Yes → Skip to 27e
		□ No

	Occupation	
the last 4 weeks?	a. What kind of work was this person doing?	
Yes No. 28 Skip to 38	(For example: registered nurse, machine repairer, watch maker, auto mechanic, accountant)	
$\bigcup$ No $\rightarrow$ Skip to 28		
e. 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.)	FOR OFFICE USE ONLY	
When did this person last work, even for a few days?  Do not include subsistence activity.  2000  1999	b. What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)	
1998		
1995 to 1997		
1990 to 1994 $\rightarrow$ <i>Skip to 33</i> 1989 or earlier $\rightarrow$ <i>Skip to 33</i>		
Never worked; or did subsistence only $\rightarrow$ <i>Skip to 33</i>		
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 the information for his/her last job or business since 1995.  a. For whom did this person work? If now on active duty in the Armed Forces, mark ★ this box → □ and print the branch of the Armed Forces.  Name of company, business, or other employer  FOR OFFICE USE ONLY  b. What kind of business or industry was this?	Was this person — Mark → ONE box.  □ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions  □ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization  □ Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)  □ Federal GOVERNMENT employee  □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  □ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  □ Working WITHOUT PAY in family business or farm  □ Working WITHOUT PAY in family business or farm  □ LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.  □ Yes	
Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)  c. Is this mainly — Mark X ONE box.  Manufacturing?  Wholesale trade?  Retail trade?  Other (agriculture, construction, service, government, etc.)?	<ul> <li>No → Skip to 33</li> <li>b. How many weeks did this person work in 1999?         Count paid vacation, paid sick leave, and military service; do not count subsistence activity.     </li> <li>Weeks</li> <li>c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity.</li> <li>Usual hours worked each WEEK</li> </ul>	

FOR OFFICE USE ONLY		
LCO County Block	AA Ma	p Spot
Unit ID		
→ APPLY LABEL HERE →		
House No. Street or road name, Rural route and box, or PO box No. Apartm		Apartment No.
Location description		
Village	Election District	Guam ZIP Code
<b>R3. Respondent –</b> Lived here on April 1, 2000	Moved in after April 1, 2000 (Refer to Card G)	$\square$ Is neighbor or other
A. Status on April 1, 2000  1 = Occupied 2 = Occupied - Continuation 3 = Vacant - Regular 4 = Vacant - Usual home elsewhere 5 = Demolished/Burned out 6 = Cannot locate 7 = Duplicate 8 = Nonresidential 9 = Other (open to elements, condemned, under construction)	B. POP on April 1, 2000  01–97 = Total persons 00 = Vacant 98 = Delete 99 = POP unknown	C. VACANT – Which category best described this vacant unit as of April 1, 2000?  For rent For sale only Rented or sold, not occupied For seasonal, recreational, or occasional use For migrant workers Other vacant
D. SP E. UHE F. MOV G. PI	H. REF I. REP J. CO K. TC	L. JIC1 M. JIC2 N. JIC3 O. JIC4

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