Census 2000

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.



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.



If you need help completing this form, call 1-800-471-9424 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

TDD – Telephone display device for the hearing impaired. Call 1–800–582–8330 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

¿NECESITA AYUDA? Si usted necesita ayuda para completar este cuestionario llame al 1–800-471–8642 entre las 8:00 a.m. y las 9:00 p.m., 7 días a la semana. La llamada telefónica es gratis.

The Census Bureau estimates that, for the average household, this form will take about 38 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 0607-0856, 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 sure you answered question 1 on the front page before continuing. Please print the names of all the people who you indicated in question 1 were living or staying here on April 1, 2000. Example — Last Name ### Person 1 — Last Name ### Person 3 — Last Name Person 1 — Last Name ### Person 2 — Last Name ### Person 3 — Last Name ### Person 3 — Last Name ### Person 3 — Last Name ### Person 4 — Last Name ### Person 5 — Last Name ### Person 6 — Last Name ### Person 7 — Last Name ### Person 9 — Last Name ### Person 9 — Last Name ### Person 10 — Last Name ### Person 11 — Last Name ### Person 12 — Last Name ### Person 12 — Last Name ### Person 5 — Last Name ### Person 6 — Last Name ### Person 7 — Last Name ### Person 9 — Last Name ### Person 10 — Last Name ### Person 11 — Last Name ### Person 12 — Last Name ### Person 13 — Last Name ### Person 15 — Last Name ### Person 15 — Last Name ### Person 16 — Last Name ### Person 17 — Last Name ### Person 17 — Last Name ### Person 18 — Last Name ### Person 19 — Last Name ### Person 19 — Last Name ### Person 10 — Last Name ### Person 11 — Last Name ### Person 12 — Last Name ### Person 12 — Last Name ### Person 12 — Last Name ### Person 13 — Last Name ### Person 15 — Last Name ### Person 15 — Last Name ### Person 16 — Last Name ### Person 17 — Last Name ### Person 18 — Last Name ### Person 19 — Last Name ### Person 10 — Last Name ### Person 11 — Last Name ### Person 12 — Last Name ### Person 12 — Last Name ### Person 13 — Last Name ### Person 15 — Last Name ### Person 16 — Last Name ### Person 17 — Last Name ### Person 18 — Last Name ### Person 19 — Last Name ### Person 19 — Last Name ### Person 10 — Last Name ### Person 10 — Last Name ### Person 11 — Last		Person 6 — Last Name
Please print the names of all the people who you indicated in question 1 were living or staying here on April 1, 2000. Example — Last Name ### ### ### ### ### ### ### ### ### #	Please be sure you answered question 1 on the front	
Indicated in question 1 were living or staying here on April 1, 2000. Example — Last Name ### O B / M & S O M ### O B / M & S O M ### Inst Name ### MI ### Person 7 — Last Name ### Person 8 — Last Name ### Person 8 — Last Name ### Person 9 — Last Name ### Person 9 — Last Name ### Person 10 — Last Name ### Person 10 — Last Name ### Person 10 — Last Name ### Person 11 — Last Name ### Person 12 — Last Name ### Person 13 — Last Name ### Person 14 — Last Name ### Person 15 — Last Name ### Person 16 — Last Name ### Person 17 — Last Name ### Person 10 — Last Name ### Person 10 — Last Name ### Person 11 — Last Name ### Person 12 — Last Name ### Person 12 — Last Name ### Person 12 — Last Name ### Person 15 — Last Name ### Person 15 — Last Name ### Person 15 — Last Name ### Person 16 — Person 17 — Last Name #### Person 18 — Last Name #### Person 19 — Last Name #### Person 10 — Last Name #### Person 10 — Last Name #### Person 11 — Last Name #### Person 12 — Last Name #### Person 12 — Last Name #### Person 15 — Last Name #### Person 15 — Last Name #### Person 15 — Last Name #### Person 16 — Person 17 — Last Name ##### Person 18 — Last Name ##### Person 19 — Last Name ##### Person 10 — Last Name ##### Person 10 — Last Name ######## Person 10 — Last Name ###################################	bage before continuing.	First Name MI
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		A. JIC1 B. JIC2 C. JIC3 D. JIC

Person





Your answers are important! Every person in the Census counts.

1	What is this person's name? Print the name of
	Person 1 from page 2. Last Name
	Last ivallie
	First Name MI
	This traine
2	What is this person's telephone number? We may contact this person if we don't understand an answer. Area Code + Number
	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
	NOTE: Please answer BOTH Questions 5 and 6.
5	Is this person Spanish/Hispanic/Latino? Mark the "No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group.

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8 b. What grade or level was this person attending? Mark (X) ONE box.	a. Does this person speak a language other than English at home?
Nursery school, preschool	Yes
Kindergarten	\bigcirc No \rightarrow Skip to 12
Grade 1 to grade 4	
Grade 5 to grade 8	b. What is this language?
Grade 9 to grade 12	
College undergraduate years (freshman to senior)	(For example: Korean, Italian, Spanish, Vietnamese)
Graduate or professional school (for example: medical,	c. How well does this person speak English?
dental, or law school)	Very well
9 What is the highest degree or level of school	Well
this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest	Not well
degree received.	Not at all
☐ No schooling completed	
Nursery school to 4th grade	Where was this person born?
5th grade or 6th grade	In the United States — Print name of state.
7th grade or 8th grade	
9th grade	Outside the United States — Print name of foreign
10th grade	country, or Puerto Rico, Guam, etc.
11th grade	
12th grade, NO DIPLOMA	
HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	Is this person a CITIZEN of the United States?
Some college credit, but less than 1 year	Yes, born in the United States \rightarrow <i>Skip to 15a</i>
1 or more years of college, no degree	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
Associate degree (for example: AA, AS)	Yes, born abroad of American parent or parents
Bachelor's degree (for example: BA, AB, BS)	Yes, a U.S. citizen by naturalization
Master's degree (for example: MA, MS, MEng, MEd,	No, not a citizen of the United States
MSW, MBA)	
Professional degree (for example: MD, DDS, DVM, LLB, JD)	When did this person come to live in the United States? Print numbers in boxes.
Doctorate degree (for example: PhD, EdD)	Year
10 What is this person's ancestry or ethnic origin?	
	a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
(For example: Italian, Jamaican, African Am., Cambodian,	Person is under 5 years old \rightarrow <i>Skip to 33</i>
Cape Verdean, Norwegian, Dominican, French Canadian,	Yes, this house \rightarrow <i>Skip to 16</i>
Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	
	No, different house in the United States

15	b. Where did this person live 5 years ago	?	19	a. Does this person have any of his/her own						
Ţ	Name of city, town, or post office		Ĭ	grandchildren under the age of 18 living in this house or apartment?						
				Yes						
	Did this person live inside the limits of th	16		\square No \rightarrow Skip to 20a						
	city or town? Yes No, outside the city/town limits			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?						
	Name of county			Yes						
				$\bigcirc \text{No} \rightarrow \text{Skip to 20a}$						
	Name of state			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						
	ZIP Code			has been responsible for the longest period of time.						
				Less than 6 months						
16	Does this person have any of the followi	na		☐ 6 to 11 months☐ 1 or 2 years						
Ψ	long-lasting conditions:	iig		3 or 4 years						
	Diadagas desfesses as assume	Yes	No	5 years or more						
	a. Blindness, deafness, or a severe vision or hearing impairment?		20	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or						
	 A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? 			National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty						
17	Because of a physical, mental, or emotion condition lasting 6 months or more, does this person have any difficulty in doing a the following activities:	5	No	Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 21 No, never served in the military → Skip to 21						
	a. Learning, remembering, or concentrating?			b. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for						
	b. Dressing, bathing, or getting around inside the home?			EACH period in which this person served. April 1995 or later						
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?			August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990						
	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?			☐ May 1975 to August 1980 ☐ Vietnam era (August 1964—April 1975) ☐ February 1955 to July 1964						
18	Was this person under 15 years of age of April 1, 2000?	n		February 1955 to July 1964 Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947)						
	\bigcirc Yes \rightarrow Skip to 33			Some other time						
	No			c. In total, how many years of active-duty military service has this person had?						
				Less than 2 years 2 years or more						

LAST WEEK, did this person do ANY work for either pay or profit? Mark the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → Skip to 25a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) (If the exact address is not known, give a description of the location such as the building name or the nearest	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. 23 b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people 24 a. What time did this person usually leave home to go to work LAST WEEK?
b. Name of city, town, or post office c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Motorcycle Bicycle Walked Worked at home → Skip to 27 Other method	 b. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes

Industry or Employer — Describe clearly this person's	Was this person — Mark X 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.	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
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.	Local GOVERNMENT employee (city, county, etc.) State GOVERNMENT employee
Name of company, business, or other employer	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
b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)	job or business at any time? ☐ Yes ☐ No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service.
	Weeks
c. Is this mainly — Mark X ONE box.	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?	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. If net income was a loss, enter the amount and
Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)	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
	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, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)	\$
	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 S

ncome, or income from estates and trusts — Report even small amounts credited to an account.	Now, please answer questions 33—53 about your household.
Yes Annual amount — <i>Dollars</i>	Is this house, apartment, or mobile home —
\$, .00	Owned by you or someone in this household with a mortgage or loan?
No	Owned by you or someone in this household free and clear (without a mortgage or loan)?
d. Social Security or Railroad Retirement	Rented for cash rent?
Yes Annual amount — <i>Dollars</i>	Occupied without payment of cash rent?
\$.00	Which best describes this building? Include all apartments, flats, etc., even if vacant.
	A mobile home
e. Supplemental Security Income (SSI)	A one-family house detached from any other house
	A one-family house attached to one or more houses
Yes Annual amount — Dollars	A building with 2 apartments
\$.00	A building with 3 or 4 apartments
□ No	A building with 5 to 9 apartments
	A building with 10 to 19 apartments A building with 10 to 19 apartments
f. Any public assistance or welfare payments	A building with 10 to 19 apartments A building with 20 to 49 apartments
from the state or local welfare office	1 -
Yes Annual amount — <i>Dollars</i>	A building with 50 or more apartments Boat, RV, van, etc.
\$, .00	35 About when was this building first built?
No	1999 or 2000
	1 =
g. Retirement, survivor, or disability pensions —	1995 to 1998
Do NOT include Social Security.	1990 to 1994
Yes Annual amount — <i>Dollars</i>	1980 to 1989
\$.00	1970 to 1979
No	1960 to 1969
	1950 to 1959
Any other courses of income received regularly	1940 to 1949
n. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT	1939 or earlier
nclude lump-sum payments such as money from an nheritance or sale of a home.	When did this person move into this house, apartment, or mobile home?
Yes Annual amount — <i>Dollars</i>	1999 or 2000
	1995 to 1998
\$, .00	1990 to 1994
No	1980 to 1989
	1970 to 1979
What was this person's total income in 1999? Add	1969 or earlier
entries in questions 31a—31h; subtract any losses. If net necessary necessary in the necess	How many rooms do you have in this house,
'Loss" box next to the dollar amount.	apartment, or mobile home? Do NOT count bathrooms
Annual amount — Dollars	porches, balconies, foyers, halls, or half-rooms.
None OR \$.00 Loss	1 room 6 rooms
	2 rooms 7 rooms
	3 rooms 8 rooms
	4 rooms 9 or more rooms
	5 rooms

38	How many bedrooms do you have; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent? No bedroom 1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms 5 or more bedrooms	44	Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 45. a. Is there a business (such as a store or barber shop) or a medical office on this property? Yes No b. How many acres is this house or mobile home on? Less than 1 acre → Skip to 45 1 to 9.9 acres 10 or more acres
39	Do you have COMPLETE plumbing facilities in this house, apartment, or mobile home; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower? Yes, have all three facilities No		c. In 1999, what were the actual sales of all agricultural products from this property? None \$2,500 to \$4,999 \$1 to \$999 \$5,000 to \$9,999 \$1,000 to \$2,499 \$10,000 or more
40	Do you have COMPLETE kitchen facilities in this house, apartment, or mobile home; that is, 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator? Yes, have all three facilities	45	What are the annual costs of utilities and fuels for this house, apartment, or mobile home? If you have lived here less than 1 year, estimate the annual cost. a. Electricity
	No		Annual cost — <i>Dollars</i>
41	Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?		\$.00 OR
	Yes		Included in rent or in condominium fee No charge or electricity not used
	□ No		b. Gas
42	Which FUEL is used MOST for heating this house, apartment, or mobile home?		Annual cost — <i>Dollars</i>
	Gas: from underground pipes serving		\$.00 OR
	the neighborhood Gas: bottled, tank, or LP		Included in rent or in condominium fee
	Electricity		No charge or gas not used
	Fuel oil, kerosene, etc.		c. Water and sewer
	Coal or coke		Annual cost — <i>Dollars</i>
	Wood		
	Solar energy		\$
	Other fuel		OR
	☐ No fuel used		Included in rent or in condominium fee No charge
43	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use		d. Oil, coal, kerosene, wood, etc.
	by members of your household?		Annual cost — <i>Dollars</i>
	None		\$
	O 1		OR
	2		☐ Included in rent or in condominium fee
	U 3		No charge or these fuels not used
	U 4 □ c		J
	□ 5□ 6 or more		
	O OF More		

46	Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 47.	What were the real estate taxes on THIS property last year?
	a. What is the monthly rent?	Yearly amount — <i>Dollars</i>
	Monthly amount — <i>Dollars</i>	\$.00
	\$.00	OR
	b. Does the monthly rent include any meals?	None
	Yes	
	□ No	What was the annual payment for fire, hazard, and flood insurance on THIS property?
		Annual amount — Dollars
47	Answer questions 47a—53 if you or someone in this household owns or is buying this house,	
	apartment, or mobile home; otherwise, skip to	\$, .00
	questions for Person 2.	OR
	a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	None What is the value of this present with at is
	Yes, mortgage, deed of trust, or similar debt	What is the value of this property; that is, how much do you think this house and lot,
	Yes, contract to purchase	apartment, or mobile home and lot would sell
	\bigcup No \rightarrow Skip to 48a	for if it were for sale?
	b. How much is your regular monthly mortgage payment on THIS property? Include payment only on	Less than \$10,000 \$90,000 to \$99,999 \$10,000 to \$14,999 \$100,000 to \$124,999
	first mortgage or contract to purchase.	\$15,000 to \$19,999 \$125,000 to \$149,999
	Monthly amount — <i>Dollars</i>	\$20,000 to \$24,999 \$150,000 to \$174,999
	\$.00	\$25,000 to \$29,999 \$175,000 to \$199,999
	OR	\$30,000 to \$34,999 \$200,000 to \$249,999
	\square No regular payment required \rightarrow <i>Skip to 48a</i>	\$35,000 to \$39,999 \$250,000 to \$299,999
	c. Does your regular monthly mortgage payment	\$40,000 to \$49,999 \$300,000 to \$399,999
	include payments for real estate taxes on THIS	\$50,000 to \$59,999 \$400,000 to \$499,999
	property?	\$60,000 to \$69,999 \$500,000 to \$749,999
	Yes, taxes included in mortgage payment	\$70,000 to \$79,999 \$750,000 to \$999,999 \$80,000 to \$89,999 \$1,000,000 or more
	No, taxes paid separately or taxes not required	\$1,000,000 of fillote
	 d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? 	Answer ONLY if this is a CONDOMINIUM — What is the monthly condominium fee?
	Yes, insurance included in mortgage payment	Monthly amount — <i>Dollars</i>
	☐ No, insurance paid separately or no insurance	\$.00
A		
49	a. Do you have a second mortgage or a home equity loan on THIS property? Mark X all boxes	Answer ONLY if this is a MOBILE HOME —
	that apply.	a. Do you have an installment loan or contract on THIS mobile home?
	Yes, a second mortgage	Yes
	Yes, a home equity loan	No No
	\bigcup No \rightarrow Skip to 49	b. What was the total cost for installment loan
	 b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? 	payments, personal property taxes, site rent, registration fees, and license fees on THIS mobile
	Monthly amount — <i>Dollars</i>	home and its site last year? Exclude real estate taxes.
	\$.00	Yearly amount — <i>Dollars</i>
	, , , , , , , , , , , , , , , , , , , ,	\$, .00
	OR	Are there more people living here? If yes,
	☐ No regular payment required	continue with Person 2.
- 1		•

Person





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

	What is this person's name? Print the name of Person 2 from page 2.
	Last Name
	5:
	First Name MI
_	
•	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.
	If NOT RELATED to Person 1: Roomer, boarder
	Housemate, roommate Unmarried partner
	Foster child
	Other nonrelative
	What is this person's sex? Mark 🗷 ONE box.
	Male Female
	What is this person's age and what is this person's date of birth?
4	
4	Age on April 1, 2000
4	Print numbers in boxes.
4	

•	NO	TE: Ple	ase	ans	wer	вот	H Q	ues	tio	ns !	5 ar	nd 6	5.	
5	ls t "No	his per	son	Spa ot Sp	anish Danish	/His	pan pani	ic/I	L at i atir	ino 10.	? M	lark	X	the
	0000	No, no Yes, M Yes, Po Yes, C Yes, ot	ot Sp lexica uerto ubar	anis an, Ric	h/His Mexic	spani can A	c/La vm.,	tino Chi	o car	10	rint	gro	up.	₽
6	mo	at is tl re race self/he	s to	ind	icate								5	
	Ö	White Black, Americ enrolle	an l	ndia	n or	Alask	a Na		e —	- Pr	int ı	nam	ne o	f
	00000	Asian Chines Filipino Japane Korear Vietna Other	se ese n mese	Ž	- Print	t race		G C Sa) Sa Isl	uar har amo the lano	man nori oan	iian ro acifi		1	
		Some	othe	r rad	ce —	Print	race	≘. ⊭	7					
7	Wh	at is tl	nis p	ers	on's	mari	tal s	tat	us	?				
	00000	Now n Widow Divorce Separa Never	narrie ved ed ited	ed										

person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9 Yes, public school, public college Yes, private school, private college b. What grade or level was this person attending? Mark NONE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school)		a. Does this person speak a language other than English at home? Yes No → Skip to 12 b. What is this language? (For example: Korean, Italian, Spanish, Vietnamese) c. How well does this person speak English? Very well Not well Not at all Where was this person born? In the United States — Print name of state. Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc. Is this person a CITIZEN of the United States? Yes, born in the United States → Skip to 15a Yes, born abroad of American parent or parents Yes, a U.S. citizen by naturalization No, not a citizen of the United States
HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)		When did this person come to live in the United States? Print numbers in boxes. Year
Some college credit, but less than 1 year		
Associate degree (for example: AA, AS)	15	a. Did this person live in this house or apartment
Bachelor's degree (for example: BA, AB, BS)		5 years ago (on April 1, 1995)?
Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)		Person is under 5 years old \rightarrow <i>Skip to 33</i> Yes, this house \rightarrow <i>Skip to 16</i>
Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)		No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
What is this person's ancestry or ethnic origin?		
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)		No, different house in the United States
	person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9 Yes, public school, public college Yes, private school, private college b. What grade or level was this person attending? Mark ONE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school) What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade Sth grade or 6th grade 7th grade or 8th grade 9th grade 10th grade 11th grade 11th grade 11th grade 11th grade 11th grade 11th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: BA, AB, BS) Master's degree (for example: BA, AB, BS) Master's degree (for example: BA, AB, BS) Master's degree (for example: PhD, EdD) What is this person's ancestry or ethnic origin? (For example: Italian, Jamaican, Daminican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9 Yes, public school, public college Yes, private school, private college b. What grade or level was this person attending? Mark NoNE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school) What is the highest degree or level of school this person has COMPLETED? Mark NoNE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 8th grade 9th grade 10th grade 11th

b. Where did this person live 5 years ag Name of city, town, or post office	go?	19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?						
			Yes						
Did this person live inside the limits of	the		\bigcirc No \rightarrow Skip to 20a						
city or town? Yes No, outside the city/town limits			 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 						
Name of county			or apartment?						
			\square Yes \square No \rightarrow Skip to 20a						
Name of state			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						
ZIP Code			the question for the grandchild for whom the grandparent has been responsible for the longest period of time.						
			Less than 6 months 6 to 11 months						
Does this person have any of the follow	wina		1 or 2 years						
long-lasting conditions:	_		3 or 4 years						
a. Blindness, deafness, or a severe	Yes	No	5 years or more						
vision or hearing impairment?		2 0	a. Has this person ever served on active duty in						
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?			the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty in past, but not now						
Because of a physical, mental, or emoti condition lasting 6 months or more, do this person have any difficulty in doing the following activities:	es any of		 No, training for Reserves or National Guard only → Skip to 21 No, never served in the military → Skip to 21 						
a. Learning, remembering, or concentrating?	Yes	No 🗆	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.						
b. Dressing, bathing, or getting around			April 1995 or later						
inside the home? c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home			August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990						
alone to shop or visit a doctor's office?			May 1975 to August 1980						
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?			☐ Vietnam era (August 1964—April 1975) ☐ February 1955 to July 1964						
			☐ Korean conflict (June 1950—January 1955)						
Was this person under 15 years of age April 1, 2000?	on		World War II (September 1940—July 1947)						
			Some other time						
○ No			c. In total, how many years of active-duty military service has this person had?						
			Less than 2 years						
			2 years or more						

_		
2	LAST WEEK, did this person do ANY work for	If "Car, truck, or van" is marked in 23a, go to 23b.
	either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a	Otherwise, skip to 24a.
	family business or farm for 15 hours or more, or was on	b. How many people, including this person,
	active duty in the Armed Forces.	usually rode to work in the car, truck, or van
	Yes	LAST WEEK?
	\bigcirc No \rightarrow Skip to 25a	Drove alone
	2 110 7 3Mp to 234	2 people
2	At what location did this person work LAST	3 people
I	WEEK? If this person worked at more than one location, print where he or she worked most last week.	4 people
	·	5 or 6 people
	a. Address (Number and street name)	7 or more people
		4 a. What time did this person usually leave home to go to work LAST WEEK?
		to go to work LAST WEEK!
	(If the exact address is not known, give a description	a.m. p.m.
	of the location such as the building name or the nearest	b. How many minutes did it usually take this
	street or intersection.)	person to get from home to work LAST WEEK?
	b. Name of city, town, or post office	Minutes
		Williams
	c. Is the work location inside the limits of that	
	city or town?	Anguray gurations 25, 26 few mayrang cube did not
		Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27.
	Yes	
	No, outside the city/town limits	a. LAST WEEK, was this person on layoff from
	d. Name of county	a job?
		Yes \rightarrow Skip to 25c
	a Name of II C state on foreign country	│
	e. Name of U.S. state or foreign country	b. LAST WEEK, was this person TEMPORARILY
		absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, labor
		dispute, etc. \rightarrow <i>Skip to 26</i>
		\bigcup No \rightarrow Skip to 25d
5	a. How did this person usually get to work LAST	c. Has this person been informed that he or she
9	WEEK? If this person usually used more than one method	will be recalled to work within the next 6 months
	of transportation during the trip, mark (\mathbf{x}) the box of the	OR been given a date to return to work?
	one used for most of the distance.	$\bigvee Yes \to Skip to 25e$
	Car, truck, or van	│ U No
	Bus or trolley bus	d. Has this person been looking for work during
	Streetcar or trolley car	the last 4 weeks?
	Subway or elevated	Yes
	Railroad	\bigcup No \rightarrow Skip to 26
	Ferryboat	e. LAST WEEK, could this person have started a
	☐ Taxicab	job if offered one, or returned to work if recalled?
	Motorcycle	Yes, could have gone to work
	Bicycle	No, because of own temporary illness
	Walked	No, because of all other reasons (in school, etc.)
	\square Worked at home \rightarrow <i>Skip to 27</i>	Mhon did this navean last work area for a
	Other method	When did this person last work, even for a few days?
		1995 to 2000
		1994 of earlier, of flever worked \rightarrow 3kip to 31
- 1		

a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items. D. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing) 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	28	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank) c. Is this mainly — Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant) b. What were this person's most important activities or duties? (For example: patient care,	or business at any time? Yes No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks C. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK 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. 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 S
			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
		a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor	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
a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, 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		Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?	Hours did this person usually work each WEEK? 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
hours did this person usually work each WEEK? Usual hours worked each WEEK Income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark \(\mathbb{X}\) the "No" box if the income source was not received. If net income was a loss, enter the amount and mark \(\mathbb{X}\) 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 \(\mathbb{X}\) the "No" box for the other person. If exact amount is		b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order	 Working WITHOUT PAY in family business or farm a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks c. During the weeks WORKED in 1999, how many
b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank) c. Is this mainly — Mark ✗ ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Coccupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant) a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service Weeks Usual hours worked each WEEK 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		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.	 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-exemp or charitable organization Local GOVERNMENT employee (city, county, etc.) State GOVERNMENT employee Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED

3	income, ceven small Yes No d. Social	st, dividends, net rental income, royalty or income from estates and trusts — Report III amounts credited to an account. Annual amount — Dollars Security or Railroad Retirement	Information about children helps your community plan for child care, education and recreation.	r
	☐ Yes	Annual amount — <i>Dollars</i>		
	☐ No	\$, .00		
l		emental Security Income (SSI)	What is this person's name? Print the name of Person 3 from page 2.	
	Yes	Annual amount — <i>Dollars</i>	Last Name	
l		\$		
l	☐ No		First Name	MI
	f. Any pu from the	ublic assistance or welfare payments state or local welfare office		
l	Yes	Annual amount — <i>Dollars</i>	How is this person related to Person 1?	
l	_	\$, .00	Mark ✗ ONĖ box. ☐ Husband/wife	
	☐ No		Natural-born son/daughter	
l	g. Retire	ment, survivor, or disability pensions — nclude Social Security.	Adopted son/daughter	
	Yes	Annual amount — Dollars	Stepson/stepdaughter	
l		\$.00	Brother/sister Father/mother	
	☐ No	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Grandchild	
	such as V compens include lu	ther sources of income received regularly Veterans' (VA) payments, unemployment sation, child support, or alimony — Do NOT imp-sum payments such as money from an the or sale of a home.	Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship.	
	☐ Yes	Annual amount — Dollars	If NOT RELATED to Person 1:	
l		\$, .00	Roomer, boarder	
	☐ No		Housemate, roommate	
32	What wa	as this person's total income in 1999? Add	Unmarried partner	
I	income w	questions 31a—31h; subtract any losses. If net vas a loss, enter the amount and mark 🔀 the	Foster child Other nonrelative	
l	"Loss" bo	x next to the dollar amount.		
l	_	Annual amount — Dollars	What is this person's sex? Mark (X) ONE box. Male	
	☐ None	OR \$.00 Loss	Female	
3		e more people living here? If yes, with Person 3.	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	

MI

Is this pers the "No" b No, not Yes, Me	ox if not Spanish/H. Spanish/Hispanic/L. xican, Mexican Am., orto Rican pan	nic/Latino? Mark 🗷 lispanic/Latino. atino	 a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9 Yes, public school, public college Yes, private school, private college b. What grade or level was this person attending? Mark X ONE box. Nursery school, preschool
more races himself/hers White Black, A	frican Am., or Negro	is person considers	 ☐ Kindergarten ☐ Grade 1 to grade 4 ☐ Grade 5 to grade 8 ☐ Grade 9 to grade 12 ☐ College undergraduate years (freshman to senior) ☐ Graduate or professional school (for example: medical, dental, or law school)
of enroll Asian In Chinese Filipino Japanese Korean Vietnam Other A	ed or principal tribe	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race.	what is the highest degree or level of school this person has COMPLETED? Mark (★) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade 10th grade 12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: BA, AB, BS) Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: PhD, EdD) What is this person's ancestry or ethnic origin? (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

	lish at home?	Name of city, town, or post office		
$\overline{}$	Yes			
	No \rightarrow Skip to 12			
b. V	Vhat is this language?	Did this person live inside the limits of the city or town?		
		Yes		
(For	example: Korean, Italian, Spanish, Vietnamese)	No, outside the city/town limits		
c. H	ow well does this person speak English?	Name of county		
$\overline{}$	Very well			
$\overline{}$	Well	Name of state		
=	Not well Not at all			
		ZIP Code		
_	ere was this person born? In the United States — <i>Print name of state</i> .	Zir Code		
	in the Office States — Pfint hame of state.			
_		16 Does this person have any of the following		
	Outside the United States — <i>Print name of foreign</i> country, or <i>Puerto Rico, Guam, etc.</i>	long-lasting conditions:	\C	NIA
		a. Blindness, deafness, or a severe vision or hearing impairment?	:5	No
s tl	nis person a CITIZEN of the United States?	b. A condition that substantially limits		
_	Yes, born in the United States \rightarrow <i>Skip to 15a</i>	one or more basic physical activities		
	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	such as walking, climbing stairs, reaching, lifting, or carrying?)	
$\overline{}$	Yes, born abroad of American parent or parents	17 Because of a physical, mental, or emotional		
$\overline{}$	Yes, a U.S. citizen by naturalization No, not a citizen of the United States	condition lasting 6 months or more, does this person have any difficulty in doing any the following activities:		
Wh	en did this person come to live in the	Ye	25	No
Uni Yea	ted States? Print numbers in boxes.	a. Learning, remembering, or concentrating?		
rea		b. Dressing, bathing, or getting around inside the home?)	
	oid this person live in this house or apartment ears ago (on April 1, 1995)?	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	1	
	Person is under 5 years old \rightarrow <i>Skip to 33</i>	d. (Answer if this person is 16 YEARS OLD)
$\overline{}$	Yes, this house \rightarrow <i>Skip to 16</i>	OR OVER.) Working at a job or business?		
	No, outside the United States — <i>Print name of</i> foreign country, or <i>Puerto Rico, Guam, etc., below;</i> then skip to 16.	Was this person under 15 years of age on April 1, 2000?		
		$\bigcirc \text{ Yes} \rightarrow \text{Skip to } 33$		
		$\bigcirc \text{No}$		
$\overline{}$	No, different house in the United States			

19	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → Skip to 20a 	LAST WEEK, did this person do ANY work for either pay or profit? Mark (x) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.
20		
		Other method

2	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people	 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
24	a. What time did this person usually leave home to go to work LAST WEEK?	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)
25	Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27. a. LAST WEEK, was this person on layoff from a job? Yes → Skip to 25c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 26 No → Skip to 25d 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 25e No d. Has this person been looking for work during the last 4 weeks? Yes No → Skip to 26 e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	c. Is this mainly — Mark (**) ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant) b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing
26	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) When did this person last work, even for a few days? 1995 to 2000 1994 or earlier, or never worked → Skip to 31	automobiles, reconciling financial records)

Employee of a PRINATE NOT-FOR-PROFIT, tax-exempt, or charitable organization Local GOVERNMENT employee State-EMPLOYED in own NOT INCORPORATED State GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED Dusiness, professional practice, or farm SELF-EMPLOYED in own NOCORPORATED SELF-EMPLOYED in own NOCORPORATED Dusiness, 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? Yes No -> Skip to 31 No Skip to 31 No No No No Skip to 31 No No No No No No No N	29	Was this person — Mark ✗ ONE box. ☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions	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
Federal GOVERNMENT employee SELF-EMPLOYED in own NICORPORATED business, professional practice, or farm SELF-EMPLOYED in own NICORPORATED business, professional practice, or farm Working WiTHOUT PAY in family business or farm Job or business at any time? Yes No - Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks C. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK Usual hours worked each WEEK Usual hours worked each weeks 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 5999.999. Mark the "tos" box feet 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 "tos" 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 frems. Yes Annual amount — Dollars No		tax-exempt, or charitable organization Local GOVERNMENT employee (city, county, etc.)	
a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks C. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK Usual hours worked each WEEK Usual hours worked by the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999, Mark (2) the "No" box if the income source was not received. If net income was a loss, enter the amount and mark (2) 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 (2) 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, due, or other items. Yes Annual amount — Dollars S. 00 No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark (2) the "Loss" box next to the dollar amount. Annual amount — Dollars None OR Annual amount — Dollars Are there more people living here? If yes, continue with Person 4.		Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm	Yes Annual amount — Dollars \$
c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK INCOME IN 1999 — Mark (1) the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of 5999, 999. Mark (1) the "No bor if the income source was not received. If net income was a loss, enter the amount and mark (1) 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 (1) 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 jobbs — Report amount before deductions for taxes, bonds, due, or other items. Yes Annual amount — Dollars No No What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses, if net income was a loss, enter the amount and mark (1) the "Loss" box next to the dollar amount. Annual amount — Dollars No No Loss Are there more people living here? If yes, continue with Person 4.	30	 a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. 	Yes Annual amount — Dollars S
INCOME IN 1999 — Mark		c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?	Yes Annual amount — Dollars S
h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home. 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. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses. Yes Annual amount — Dollars Yes Annual amount — Dollars Annual amount — Dollars Are there more people living here? If yes, continue with Person 4.	31	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. If net income was a loss, enter the amount and	Do NOT include Social Security. Yes Annual amount — Dollars
from all jobs — Report amount before deductions for taxes, bonds, dues, or other items. Yes Annual amount — Dollars What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount. 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 Yes Annual amount — Dollars Are there more people living here? If yes, continue with Person 4.		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	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.
\$.00 .		from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.	
businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses. Yes Annual amount — Dollars S 00 Loss Are there more people living here? If yes, continue with Person 4.		\$	entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark 🗶 the
Yes Annual amount — Dollars S 00 Loss Are there more people living here? If yes, continue with Person 4.		businesses or farm businesses, including proprietorships and partnerships — Report NET	
U 190		Yes Annual amount — Dollars	

Person





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

\/\	/hat is this person's name? Print the name of
	erson 4 from page 2.
La	st Name
Fir	st Name MI
	ow is this person related to Person 1? Park 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.
	NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative
w	/hat is this person's sex? Mark (X) ONE box. Male Female
da Ag Pri	that is this person's age and what is this person's ate of birth? ge on April 1, 2000 int numbers in boxes. onth Day Year of birth

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		No, Yes	, M	exic	an,	Me						10				
		Yes Yes Yes	, Cι	uba	n		ı/Hi	spai	nic/	Lati	no -	— F	rint	gro	up.	Z
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7	Wh	at i	s th	is _[pers	on'	's m	nari	tal	stat	tus	?				
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a. At any time since February 1, 2000, has this person attended regular school or college? Include	a. Does this person speak a language other than English at home?
only nursery school or preschool, kindergarten, elementary	Yes
school, and schooling which leads to a high school diploma or a college degree.	$\bigcirc \text{No} \rightarrow \text{Skip to } 12$
\square No, has not attended since February 1 \rightarrow <i>Skip to</i> 9	b. What is this language?
Yes, public school, public college	b. Wildt is tills laliguage:
Yes, private school, private college	
	(For example: Korean, Italian, Spanish, Vietnamese)
b. What grade or level was this person attending? Mark (X) ONE box.	c. How well does this person speak English?
Nursery school, preschool	Very well
☐ Kindergarten	☐ Well
Grade 1 to grade 4	Not well
Grade 5 to grade 8	☐ Not at all
Grade 9 to grade 12	Where was this person born?
College undergraduate years (freshman to senior)	☐ In the United States — <i>Print name of state</i> .
Graduate or professional school (for example: medical, dental, or law school)	
9 What is the highest degree or level of school	Outside the United States — Print name of foreign
this person has COMPLETED? Mark X ONE box.	country, or Puerto Rico, Guam, etc.
If currently enrolled, mark the previous grade or highest degree received.	
No schooling completed	Is this person a CITIZEN of the United States?
Nursery school to 4th grade	\square Yes, born in the United States \rightarrow <i>Skip to 15a</i>
5th grade or 6th grade	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands,
7th grade or 8th grade	or Northern Marianas
9th grade	Yes, born abroad of American parent or parents
10th grade 11th grade	Yes, a U.S. citizen by naturalization No, not a citizen of the United States
12th grade, NO DIPLOMA	·
HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	When did this person come to live in the United States? 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)	a Did this navsan live in this bayes ar anautment
Bachelor's degree (for example: BA, AB, BS)	a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	\square Person is under 5 years old \rightarrow <i>Skip to 33</i>
Professional degree (for example: MD, DDS, DVM,	Yes, this house \rightarrow <i>Skip to 16</i>
LLB, JD)	No, outside the United States — Print name of
Doctorate degree (for example: PhD, EdD)	foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
10 What is this person's ancestry or ethnic origin?	
	No, different house in the United States
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	

15	b. Where did this person live 5 years ag	jo?	19	a. Does this person have any of his/her own						
	Name of city, town, or post office			grandchildren under the age of 18 living in this house or apartment?						
				Yes $ \bigcirc \text{ No} \rightarrow \text{Skip to } 20a $						
	Did this person live inside the limits of	the								
	city or town?			b. Is this grandparent currently responsible for						
	Yes			most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house						
	No, outside the city/town limits			or apartment?						
	Name of county			Yes						
				\bigcirc No \rightarrow Skip to 20a						
	Name of state			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						
	ZIP Code			the question for the grandchild for whom the grandparent						
				has been responsible for the longest period of time.						
				Less than 6 months 6 to 11 months						
				1 or 2 years						
16	Does this person have any of the follow	ving		3 or 4 years						
	long-lasting conditions:	Yes No		5 years or more						
	a. Blindness, deafness, or a severe		200	a. Has this person ever served on active duty in						
	vision or hearing impairment?		20	the U.S. Armed Forces, military Reserves, or						
	b. A condition that substantially limits			National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include						
	one or more basic physical activities such as walking, climbing stairs,			activation, for example, for the Persian Gulf War.						
	reaching, lifting, or carrying?			Yes, now on active duty						
				Yes, on active duty in past, but not now						
17	Because of a physical, mental, or emoti	onal		No, training for Reserves or National						
T	condition lasting 6 months or more, do this person have any difficulty in doing			Guard only \rightarrow <i>Skip to 21</i> No, never served in the military \rightarrow <i>Skip to 21</i>						
	the following activities:			b. When did this person serve on active duty						
	a. Learning, remembering, or	Yes No		in the U.S. Armed Forces? Mark (X) a box for						
	concentrating?		-	EACH period in which this person served.						
	b. Dressing, bathing, or getting around			April 1995 or later						
	inside the home?			August 1990 to March 1995 (including Persian Gulf War)						
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home			September 1980 to July 1990 May 1975 to August 1980						
	alone to shop or visit a doctor's office?			Vietnam era (August 1980 Vietnam era (August 1964—April 1975)						
	d. (Answer if this person is 16 YEARS OLD			February 1955 to July 1964						
	OR OVER.) Working at a job or business?			Korean conflict (June 1950—January 1955)						
				World War II (September 1940—July 1947)						
18	Was this person under 15 years of age April 1, 2000?	on		Some other time						
	$\bigcirc \text{ Yes} \rightarrow \textit{Skip to 33}$			c. In total, how many years of active-duty military service has this person had?						
	No			Less than 2 years						
				2 years or more						

21	LAST WEEK, did this person do ANY work for either pay or profit? Mark (x) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. 23 b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?						
22	 No → Skip to 25a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) 	Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people a. What time did this person usually leave home						
	(If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.) b. Name of city, town, or post office	to go to work LAST WEEK? a.m. p.m. p.m. p						
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27. 25 a. LAST WEEK, was this person on layoff from						
	d. Name of county e. Name of U.S. state or foreign country	a job? ☐ Yes → Skip to 25c ☐ No b. LAST WEEK, was this person TEMPORARILY absent from a job or business?						
2		 Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 26 No → Skip to 25d Last 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? 						
	WEEK? If this person usually used more than one method of transportation during the trip, mark ★ the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Motorcycle Bicycle Walked Worked at home → Skip to 27	 Yes → Skip to 25e No d. Has this person been looking for work during the last 4 weeks? Yes No → Skip to 26 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.) 						
	Other method	 When did this person last work, even for a few days? 1995 to 2000 1994 or earlier, or never worked → Skip to 31 						

77	Industry or Employer — Describe clearly this person's	Was this n	person — Mark 🕱 ONE box.					
4	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	Employ	ree of a PRIVATE-FOR-PROFIT company or ss or of an individual, for wages, salary, or					
	business last week, give the information for his/her last job or business since 1995.	☐ Employ	ree of a PRIVATE NOT-FOR-PROFIT, tax-exempt,					
	a. For whom did this person work? <i>If now on active duty in the Armed Forces, mark</i> (X) <i>this box</i> \rightarrow	Local G	itable organization GOVERNMENT employee (city, county, etc.)					
	and print the branch of the Armed Forces. Name of company, business, or other employer	☐ Federal	GOVERNMENT employee GOVERNMENT employee MPLOYED in own NOT INCORPORATED					
		business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED						
			ss, professional practice, or farm ng WITHOUT PAY in family business or farm					
	h What kind of husiness or industry was this?		EAR, 1999, did this person work at a job					
	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)		Skip to 31					
	House, auto repair shop, barns		any weeks did this person work in 1999? I vacation, paid sick leave, and military service.					
		c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?						
	c. Is this mainly — Mark 🕱 ONE box.	Usual hour	s worked each WEEK					
	Manufacturing?							
	Wholesale trade?	INICOME	14000 Adamb (V) tha 111/2-11 have face and					
	Retail trade?	INCOME IN income soul	I 1999 — Mark Ⅸ the "Yes" box for each rce received during 1999 and enter the total					
	Other (agriculture, construction, service, government, etc.)?	amount rec Mark 🔀 the	eived during 1999 to a maximum of \$999,999. e "No" box if the income source was not net income was a loss, enter the amount and					
28	Occupation		E "Loss" box next to the dollar amount.					
	a. What kind of work was this person doing? (For example: registered nurse, personnel manager,		received jointly, report, if possible, the share for each person; otherwise, report					
	supervisor of order department, auto mechanic, accountant)	the whole a the "No" b	amount for only one person and mark 🗷 ox for the other person. If exact amount is , please give best estimate.					
		from all jo	salary, commissions, bonuses, or tips bs — Report amount before deductions for ds, dues, or other items.					
			Annual amount — <i>Dollars</i>					
	b. What were this person's most important	<u> </u>	\$. . .00					
	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing	☐ No	\$ 6					
	automobiles, reconciling financial records)	h Salf am	ployment income from own nonfarm					
		businesses proprietor	s or farm businesses, including rships and partnerships — Report NET er business expenses.					
			Annual amount — <i>Dollars</i>					
		O	\$.00 Loss					
		U No						

3	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	Person Your answers help
	d. Social Security or Railroad Retirement	your community plan for the future.
	Yes Annual amount — <i>Dollars</i>	plan for the fatale.
	\$	
	□ No	1 What is this person's name? Print the name of
		Person 5 from page 2.
	e. Supplemental Security Income (SSI)Yes Annual amount — Dollars	Last Name
	\$, .00	First Name
	∪ No	
	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.
	_ \$	Husband/wife
	□ No	☐ Natural-born son/daughter☐ Adopted son/daughter
	g. Retirement, survivor, or disability pensions — Do NOT include Social Security.	Stepson/stepdaughter Brother/sister
	Yes Annual amount — <i>Dollars</i>	Father/mother
	\$.00	Grandchild
	□ No	Parent-in-law
	h. Any other sources of income received regularly	Son-in-law/daughter-in-law
	such as Veterans' (VA) payments, unemployment	Other relative — Print exact relationship.
	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 — <i>Dollars</i>	If NOT RELATED to Person 1:
		Roomer, boarder
	\$	☐ Housemate, roommate ☐ Unmarried partner
	□ No	Soster child
3	What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark (x) the	Other nonrelative
	"Loss" box next to the dollar amount.	3 What is this person's sex? Mark X ONE box.
	Annual amount — <i>Dollars</i>	Male
	□ None OR \$.00 □ Loss	☐ Female
3	3 Are there more people living here? If yes,	What is this person's age and what is this person's date of birth?
	continue with Person 5.	Age on April 1, 2000
		Print numbers in boxes.
		Month Day Year of birth

 MI

NOTE: Please answer BOTH Questions 5 and 6.	a. At any time since February 1, 2000, has this
Is this person Spanish/Hispanic/Latino? Mark X the "No" box if not Spanish/Hispanic/Latino.	person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school
No, not Spanish/Hispanic/Latino	diploma or a college degree.
Yes, Mexican, Mexican Am., Chicano	\bigcup No, has not attended since February 1 \rightarrow <i>Skip to</i> 9
Yes, Puerto Rican	Yes, public school, public college
Yes, Cuban	Yes, private school, private college
Yes, other Spanish/Hispanic/Latino — Print group. 7	b. What grade or level was this person attending? Mark X ONE box.
	Nursery school, preschool
	☐ Kindergarten
	Grade 1 to grade 4
What is this person's race? Mark 🗴 one or	Grade 5 to grade 8
more races to indicate what this person considers	Grade 9 to grade 12
himself/herself to be.	College undergraduate years (freshman to senior)
☐ White	
Black, African Am., or Negro	Graduate or professional school (for example: medical, dental, or law school)
American Indian or Alaska Native — Print name	deritar, or law serioon,
of enrolled or principal tribe. 7	What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest
	degree received.
	☐ No schooling completed
Asian Indian Native Hawaiian	Nursery school to 4th grade
Chinese Guamanian or	Sth grade or 6th grade
Filipino Chamorro	7th grade or 8th grade
Japanese Samoan	9th grade
○ Supuriose ○ Other Pacific	10th grade
Islander —	11th grade
Other Asian — Print race. 7	12th grade, NO DIPLOMA
Other Asian — Fillit race.	HIGH SCHOOL GRADUATE — high school DIPLOMA
	or the equivalent (for example: GED) Some college credit, but less than 1 year
	1 or more years of college, no degree
igcup Some other race — <i>Print race.</i> $ abla$	
Some other race — Trinic race.	Associate degree (for example: AA, AS)
	Bachelor's degree (for example: BA, AB, BS)
	 ✓ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) ✓ Professional degree (for example: MD, DDS, DVM,
NAVIDA AND TO A TO	LLB, JD)
What is this person's marital status?	Doctorate degree (for example: PhD, EdD)
Now married	_ , , , , , , , , , , , , , , , , , , ,
Widowed 10	What is this person's ancestry or ethnic origin?
Divorced	
Separated	
Never married	
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

a. Does this person speak a language other than English at home?	b. Where did this person live 5 years ago?
Yes	Name of city, town, or post office
$\bigcirc \text{No} \rightarrow \text{Skip to } 12$	
b. What is this language?	Did this person live inside the limits of the
	city or town?
(For example: Korean, Italian, Spanish, Vietnamese)	Yes
	No, outside the city/town limits
c. How well does this person speak English?	Name of county
✓ Very well✓ Well	
Not well	Name of state
□ Not at all	
Where was this person born?	ZIP Code
☐ In the United States — Print name of state.	
Outside the United States — Print name of foreign	Does this person have any of the following long-lasting conditions:
country, or Puerto Rico, Guam, etc.	Yes N
	a. Blindness, deafness, or a severe vision or hearing impairment?
Is this person a CITIZEN of the United States?	b. A condition that substantially limits
Yes, born in the United States \rightarrow <i>Skip to 15a</i>	one or more basic physical activities such as walking, climbing stairs,
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	reaching, lifting, or carrying?
Yes, born abroad of American parent or parents	Because of a physical, mental, or emotional
Yes, a U.S. citizen by naturalization No, not a citizen of the United States	condition lasting 6 months or more, does this person have any difficulty in doing any of
	the following activities:
When did this person come to live in the United States? <i>Print numbers in boxes.</i>	Yes N a. Learning, remembering, or
Year	concentrating?
	b. Dressing, bathing, or getting around inside the home?
a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?
Person is under 5 years old → <i>Skip to 33</i>	d. (Answer if this person is 16 YEARS OLD
Yes, this house \rightarrow <i>Skip to 16</i> No, outside the United States — <i>Print name of</i>	OR OVER.) Working at a job or business?
Construction of the Constr	Was this person under 15 years of age on April 1, 2000?
	$\bigcirc \text{ Yes} \rightarrow \text{Skip to } 33$
No, different house in the United States	□ No
Two, different flouse in the officed states	

1	9 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? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a
	Yes	family business or farm for 15 hours or more, or was on
	\bigcirc No \rightarrow Skip to 20a	active duty in the Armed Forces.
	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	\bigcirc Yes \bigcirc No \rightarrow Skip to 25a
	or apartment? Yes	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
	\bigcup No \rightarrow Skip to 20a	a. Address (Number and street name)
	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 has been responsible for the longest period of time. Less than 6 months 6 to 11 months	(If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.)
	1 or 2 years	b. Name of city, town, or post office
	3 or 4 years	
	5 years or more	c. Is the work location inside the limits of that
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 for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 21 No, never served in the military → Skip to 21 b. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for 	city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code
	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? If this person usually used more than one method of transportation during the trip, mark (★) the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Motorcycle Bicycle Walked Worked at home → Skip to 27 Other method

23	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. b. How many people, including this person, usually rode to work in the car, truck, or van	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.
	LAST WEEK? Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people	 a. For whom did this person work? If now on active duty in the Armed Forces, mark (x) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
24	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	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)
	Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27.	
	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → Skip to 25c ☐ No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? ☐ Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 26 ☐ No → Skip to 25d 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 25e ☐ No d. Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → Skip to 26	c. Is this mainly — Mark (*) ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant) b. What were this person's most important
	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.)	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)
26	When did this person last work, even for a few days? ☐ 1995 to 2000 ☐ 1994 or earlier, or never worked → Skip to 31	

29	Was this person — Mark X ONE box.	c. Interest, dividends, net rental income, royalty
	Employee of a PRIVATE-FOR-PROFIT company or	income, or income from estates and trusts — Report even small amounts credited to an account.
	business or of an individual, for wages, salary, or commissions	Yes Annual amount — <i>Dollars</i>
	Employee of a PRIVATE NOT-FOR-PROFIT,	<u> </u>
	tax-exempt, or charitable organization	\$.00 D Loss
	Local GOVERNMENT employee (city, county, etc.)	☐ No
	State GOVERNMENT employee	decidates a financial participat
	Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED	d. Social Security or Railroad Retirement
	business, professional practice, or farm	Yes Annual amount — Dollars
	SELF-EMPLOYED in own INCORPORATED business,	\$, .00
	professional practice, or farm	□ No
1	Working WITHOUT PAY in family business or farm	
30	a. LAST YEAR, 1999, did this person work at a	e. Supplemental Security Income (SSI)
T	job or business at any time?	Yes Annual amount — Dollars
	Yes	\$, .00
	\bigcup No \rightarrow Skip to 31	□ No
	b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service.	
	Weeks	f. Any public assistance or welfare payments from the state or local welfare office
		Yes Annual amount — <i>Dollars</i>
	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?	\$, .00
	Usual hours worked each WEEK	□ No
		B 4
		g. Retirement, survivor, or disability pensions — Do NOT include Social Security.
31	INCOME IN 1999 — Mark 🗷 the "Yes" box for each	Yes Annual amount — <i>Dollars</i>
	income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999.	\$.00
	Mark (X) the "No" box if the income source was not	□ No
	received. If net income was a loss, enter the amount and mark (x) the "Loss" box next to the dollar amount.	
	_	h. Any other sources of income received regularly
	For income received jointly, report, if possible, the appropriate share for each person; otherwise, repo <u>rt</u>	such as Veterans' (VA) payments, unemployment
	the whole amount for only one person and mark 🗶	compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an
	the "No" box for the other person. If exact amount is not known, please give best estimate.	inheritance or sale of a home.
		Yes Annual amount — <i>Dollars</i>
	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for	\$.00
	taxes, bonds, dues, or other items.	□ No
	Yes Annual amount — <i>Dollars</i>	
	\$	What was this person's total income in 1999? Add
	□ No	entries in questions 31a—31h; subtract any losses. If net
		income was a loss, enter the amount and mark 🕱 the "Loss" box next to the dollar amount.
	b. Self-employment income from own nonfarm businesses or farm businesses, including	Annual amount — <i>Dollars</i>
	proprietorships and partnerships — Report NET	
	income after business expenses.	□ None OR
	Yes Annual amount — Dollars	Ave there may needs living have 15
	\$.00 D Loss	Are there more people living here? If yes, continue with Person 6.
	□ No	
	· ·	

Housing information helps your community plan for police and fire protection.

What is this person's name? Print the name of
Person 6 from page 2. Last Name
Last Name
First News
First Name MI
How is this person related to Person 1? 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.
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
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

PON (ΓΕ:	Ple	ase	an	swe	r B	OT	H Q	ue	stio	ns !	5 ar	nd 6	5.	
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No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group.											F				
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8	a. At any time since February 1, 2000, has this person attended regular school or college? Include	a. Does this person speak a language other than English at home?
	only nursery school or preschool, kindergarten, elementary	
	school, and schooling which leads to a high school diploma or a college degree.	Yes \square No \rightarrow Skip to 12
	\square No, has not attended since February 1 \rightarrow <i>Skip to</i> 9	b. What is this language?
	Yes, public school, public college	
	Yes, private school, private college	(For example: Korean, Italian, Spanish, Vietnamese)
	b. What grade or level was this person attending?	
	Mark (X) ONE box.	c. How well does this person speak English?
	Nursery school, preschool	Very well
	☐ Kindergarten	Well
	Grade 1 to grade 4	Not well
	Grade 5 to grade 8	Not at all
	Grade 9 to grade 12	Where was this person born?
	College undergraduate years (freshman to senior)	In the United States — Print name of state.
	Graduate or professional school (for example: medical, dental, or law school)	
9	What is the highest degree or level of school	Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.
	this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or	country, of racito rico, Guarri, etc.
	highest degree received.	
	No schooling completed	Is this person a CITIZEN of the United States?
	Nursery school to 4th grade	Yes, born in the United States \rightarrow <i>Skip to 15a</i>
	5th grade or 6th grade	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands,
	7th grade or 8th grade	or Northern Marianas
	9th grade	Yes, born abroad of American parent or parents
	10th grade	Yes, a U.S. citizen by naturalization
	11th grade	No, not a citizen of the United States
	12th grade, NO DIPLOMA	When did this person come to live in the
	HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	United States? Print numbers in boxes. Year
	Some college credit, but less than 1 year	i cai
	1 or more years of college, no degree	
	Associate degree (for example: AA, AS)	a. Did this person live in this house or apartment
	Bachelor's degree (for example: BA, AB, BS)	5 years ago (on April 1, 1995)?
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Person is under 5 years old \rightarrow <i>Skip to 33</i>
	Professional degree (for example: MD, DDS, DVM,	Yes, this house \rightarrow <i>Skip to 16</i>
	LLB, JD) Doctorate degree (for example: PhD, EdD)	No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
10	What is this person's ancestry or ethnic origin?	then skip to ro.
Ψ	what is this person s ancestry of ethnic origin:	
		No, different house in the United States
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	

b. Where did this person live 5 years ag Name of city, town, or post office	go?	19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
			Yes
Did this person live inside the limits of the city			\square No \rightarrow Skip to 20a
or town? Yes No, outside the city/town limits			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?
Name of county			Yes
			\square No \rightarrow Skip to 20a
Name of state ZIP Code			c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answ the question for the grandchild for whom the grandparen
			has been responsible for the longest period of time.
			Less than 6 months
			6 to 11 months
Does this person have any of the follow long-lasting conditions:	Does this person have any of the following		1 or 2 years
iong-lasting conditions.	Yes	No	3 or 4 years
a. Blindness, deafness, or a severe vision or hearing impairment?			5 years or morea. Has this person ever served on active duty in
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?			the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty
			Yes, now on active duty Yes, on active duty in past, but not now
Because of a physical, mental, or emoti condition lasting 6 months or more, do this person have any difficulty in doing	es	f	No, training for Reserves or National Guard only \rightarrow <i>Skip to 21</i>
the following activities:	Yes	No	\bigcup No, never served in the military \rightarrow <i>Skip to 21</i>
a. Learning, remembering, or concentrating?			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.
b. Dressing, bathing, or getting around			April 1995 or later
inside the home? c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home			August 1990 to March 1995 (including Persian Gulf W September 1980 to July 1990
alone to shop or visit a doctor's office?			May 1975 to August 1980
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?			Vietnam era (August 1964—April 1975)
ON OVEN./ WORKING At a JOD OF DUSINESS?			February 1955 to July 1964
Was this naveau under 45 years of any	an		Korean conflict (June 1950—January 1955)
Was this person under 15 years of age April 1, 2000?	OH		World War II (September 1940—July 1947)
\square Yes \rightarrow Skip to 33			Some other time
□ No			c. In total, how many years of active-duty military service has this person had?
			Less than 2 years 2 years or more
			·

either pay person won family busin active duty Yes No -> At what le WEEK? If the print where a. Address (If the exact of the local street or in b. Name of the local str	of county of U.S. state or foreign country e d this person usually get to work LAST this person usually used more than one method	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? □ Drove alone □ 2 people □ 3 people □ 4 people □ 5 or 6 people □ 7 or more people □ 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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
e. Name of f. ZIP Code f. ZIP Code f. ZIP Code Gransport Car, tru Bus or Streetc Subwa Railroa Ferrybo Taxicab Motoro Bicycle Walked Worker	of U.S. state or foreign country le Id this person usually get to work LAST this person usually used more than one method retation during the trip, mark (x) the box of the for most of the distance. uck, or van trolley bus tar or trolley car by or elevated ad boat bo cycle	 a job? Yes → Skip to 25c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 26 No → Skip to 25d c. Has this person been informed that he or she will be recalled to work within the next 6 months

 Industry or Employer — Describe clearly this person chief job activity or business last week. If this person had no noe job, describe the one at which this per worked the most hours. If this person had no job or business last week, give the information for his/her last 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 	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
b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank) c. Is this mainly — Mark (*) ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, superv of order department, auto mechanic, accountant) b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repail automobiles, reconciling financial records)	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

	all amounts credited to an account.
	Annual amount — <i>Dollars</i>
	\$, .00 \(\sum_{\text{Loss}} \)
U No	
$\overline{}$	Security or Railroad Retirement
	Annual amount — Dollars
	\$, .00
☐ No	
e. Suppl	emental Security Income (SSI)
☐ Yes	Annual amount — Dollars
	\$.00
☐ No	
f. Any p	ublic assistance or welfare payments
	e state or local welfare office
	Annual amount — Dollars
	\$, .00
☐ No	
g. Retire	ement, survivor, or disability pensions — include Social Security.
Yes	Annual amount — <i>Dollars</i>
	\$, .00
☐ No	
such as 'compensinclude lu	other sources of income received regularly Veterans' (VA) payments, unemployment sation, child support, or alimony — Do NOT cump-sum payments such as money from an ce or sale of a home.
☐ Yes	Annual amount — <i>Dollars</i>
	\$, .00
☐ No	
	as this person's total income in 1999? Add a questions 31a—31h; subtract any losses. If net was a loss, enter the amount and mark (x) the pay next to the dollar amount.
income v	The to the dollar arribant.
income v	Annual amount — Dollars

Thank you for completing your official U.S. Census form. If there are more than six people at this address, the Census Bureau may contact you for the same information about these people.



