Census 2000

U.S. Department of Commerce Bureau of the Census



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!

The "Informational Copy" shows the content of the United States Census 2000 "long" form questionnaire. Each household will receive either a short form (100-percent questions) or a long form (100-percent and sample questions). The long form questionnaire includes the same 6 population questions and 1 housing question that are on the Census 2000 short form, plus 26 additional population questions, and 20 additional housing questions. On average, about 1 in every 6 households will receive the long form. The content of the forms resulted from reviewing the 1990 census data, consulting with federal and non-federal data users. and conducting tests.

For additional information about Census 2000, visit our website at **www.census.gov** or write to the Director, Bureau of the Census, Washington, DC 20233.

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–XXX–XXXX 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–XXX–XXXX 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–XXX–XXXX 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

	Person 6 — Last Name
Please be sure you answered question 1 on the front page before continuing.	
page sciere community.	First Name MI
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 7 — Last Name
J O H N S O N	
First Name MI	First Name MI
ROBINNI	
Start with the person, or one of the people living here who owns, is buying, or rents this house,	Person 8 — Last Name
apartment, or mobile home. If there is no such person, start with any adult living or staying here.	First Name MI
Person 1 — Last Name	
First Name MI	Person 9 4 Last Name
	First Name MI
Person 2 — Last Name	
First Name MI	Person 10 — Last Name
	First Name MI
Person 3 — Last Name	
	Davis 44 Last Nava
First Name MI	Person 11 — Last Name
	5:
Person 4 — Last Name	First Name MI
First Name MI	Person 12 — Last Name
	First Name MI
Person 5 — Last Name	
First Name MI	Next, answer questions about Person 1.
	FOR OFFICE USE ONLY
	A. JIC1 B. JIC2 C. JIC3 D. JIC4

Person



	are important! Every person in the Census counts.	Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.
	_	
1	What is this person's name? Print the name of Person 1 from page 2. Last Name First Name MI What is this person's telephone number? We may	Asian Indian Chinese Guamanian or Chamorro Samoan Other Pacific Islander Print race. Other Asian — Print race.
	contact this person if we don't understand an answer. Area Code + Number	☐ Some other race — <i>Print race</i> . ☐
3	What is this person's sex? Mark ONE box. Male Female	
1 2 4 1 3 5 5	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. Is this person Spanish/Hispanic/Latino? Mark X the "No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican	What is this person's marital status? Now married Widowed Divorced Separated Never married 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
	Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group.	Question is asked of all persons on the short (100-percent) and long (sample) forms.

What is this person's race? Mark (X) one or more races to indicate what this person considers himself/herself to be.

White

b. What grade or level was this person attending? Mark N 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	b. What is this language?
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, dental, or law school)	c. How well does this person speak English?
	☐ Very well
9 What is the highest degree or level of school this person has COMPLETED? Mark X ONE box.	Well
If currently enrolled, mark the previous grade or highest	Not well
degree received.	☐ Not at all
No schooling completed	Where was this person born?
Nursery school to 4th grade 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	
or the equivalent (for example: GED)	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,	4 When did this person come to live in the
LLB, JD)	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)?
	\square Person is under 5 years old \rightarrow <i>Skip to 33</i>
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian,	\square Yes, this house \rightarrow <i>Skip to 16</i>
Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	No, outside the United States — Print name of
Taiwanese, Ukrainian, and so on.)	foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
	No different bours in the United States
	No, different house in the United States

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

21	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	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
22	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) (If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.) b. Name of city, town, or post office	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? b. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	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	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
23	f. ZIP Code 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	 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? 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 \rightarrow <i>Skip to 31</i>

 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 (x) this box → and print the branch of the Armed Forces. 	 Was this person — Mark X ONE box. Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization Local 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
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)	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. Is this mainly — Mark 🗷 ONE box. Manufacturing?	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Occupation a. What kind of work was this person doing?	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 mark (X) the "Loss" box next to the dollar amount. For income received jointly, report, if possible, the
(For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)	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
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)	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 Solution 100 1
	U No

c. Interest, dividends, net rental income, royalty income, 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 — Dollars	33 Is this house, apartment, or mobile home —
\$	Owned by you or someone in this household with a mortgage or loan?
NO 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 — Dollars	Occupied without payment of cash rent?
\$	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
Yes Annual amount — Dollars	A one-family house attached to one or more houses
	A building with 2 apartments
\$	A building with 3 or 4 apartments
☐ No	A building with 5 to 9 apartments
	A building with 10 to 19 apartments
f. Any public assistance or welfare payments from the state or local welfare office	A building with 20 to 49 apartments
Yes Annual amount — Dollars	building with 50 or more apartments
	Boat, RV, van, etc.
\$, .00	About when was this building first built?
U No	1999 or 2000
g. Retirement, survivor, or disability pensions	1995 to 1998
Do NOT include Social Security.	1990 to 1994
Yes Annual amount — Dollars	1980 to 1989
	1970 to 1979
	1960 to 1969
No	1950 to 1959
h. Any other sources of income received regularly	1940 to 1949
such as Veterans' (VA) payments, unemployment	1939 or earlier
compensation, child support, or alimony — Do NOT	When did this person move into this house,
include lump-sum payments such as money from an inheritance or sale of a home.	apartment, or mobile home?
Yes Annual amount — <i>Dollars</i>	1999 or 2000
\$	1995 to 1998
	1990 to 1994
U No	1980 to 1989
What was this person's total income in 1999? Add	1970 to 1979
entries in questions 31a—31h; subtract any losses. If net	1969 or earlier
income was a loss, enter the amount and mark 🗶 the	How many rooms do you have in this house,
"Loss" box next to the dollar amount. Annual amount — Dollars	apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
	1 room 6 rooms
None OR Loss	2 rooms 7 rooms
	3 rooms 8 rooms
Question is asked of all households on	4 rooms 9 or more rooms
the short (100-percent) and long (sample) forms.	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 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	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 \$1,000 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 No	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 Annual cost — Dollars
41	Is there telephone service available in this house apartment, or mobile home from which you can both make and receive calls? Yes No		OR Included in rent or in condominium fee No charge or electricity not used b. Gas
42	Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used		Annual cost — Dollars \$
43	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household? None 1 2 3 4 5 6 or more		 No charge d. Oil, coal, kerosene, wood, etc. Annual cost — Dollars \$

Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 4	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>	\$
\$	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?
47 Answer guestions 472—53 if you or someone	Annual amount — <i>Dollars</i>
Answer questions 47a—53 if you or someone in this household owns or is buying this house, apartment, or mobile home; otherwise, skip to questions for Person 2.	\$, .00 OR
a. Do you have a mortgage, deed of trust, contra- to purchase, or similar debt on THIS property?	
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
\bigcirc 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 o	Less than \$10,000
first mortgage or contract to purchase.	2 3/100/000 10 \$11/333
Monthly amount — <i>Dollars</i>	\$\frac{1}{2}\$,000 to \$19,999 \$125,000 to \$149,999 \$150,000 to \$174,999 \$150,000 to \$174,999
\$	\$25,000 to \$24,999 \$175,000 to \$174,999 \$25,000 to \$29,999 \$175,000 to \$199,999
	\$23,000 to \$23,999 \$173,000 to \$149,999 \$200,000 to \$249,999
OR OR	\$35,000 to \$39,999 \$250,000 to \$299,999
No regular payment required \rightarrow <i>Skip to 48a</i>	\$40,000 to \$49,999 \$300,000 to \$399,999
c. Does your regular monthly mortgage payment 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
No, taxes paid separately or taxes not required	☐ \$80,000 to \$89,999 ☐ \$1,000,000 or more
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	\$
They make para separately of the make anec	
48 a. Do you have a second mortgage or a home equity loan on THIS property? Mark 🗴 all boxes	53 Answer ONLY if this is a MOBILE HOME —
that apply.	a. Do you have an installment loan or contract
Yes, a second mortgage	on THIS mobile home?
Yes, a home equity loan	☐ Yes
\square No \rightarrow Skip to 49	□ No
b. How much is your regular monthly payment or all second or junior mortgages and all home equi loans on THIS property?	
Monthly amount — <i>Dollars</i>	Yearly amount — Dollars
\$.00	
OR	\$,
☐ No regular payment required	Are there more people living here? If yes, continue with Person 2.

Person



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

1	Per.	son	is th 2 fi	rom	pe i	r so i age	n's 2.	naı	me	? Pr	int i	the i	nam	e of	:
	First	t Na	me												MI

F	
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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

Question is asked of Persons 2–6 on the short (100-percent) and long (sample) forms.

For Person 2, repeat questions 3-32 of Person 1.

Information about children helps your community plan for child care, education, and recreation.

For Persons 3–6. repeat questions 1-32 of Person 2.

NOTE – The content for Question 2 varies between Person 1 and Persons 2–6.

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.