U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU



THE American Community Survey

People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your community uses to plan and fund programs. Your response is important, and we keep your answers confidential.



If you need help or have questions about completing this form, please call **1-800-354-7271**. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625. Usted también puede pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

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

Start Here

Please fill out this form as soon as possible after receiving it in the mail.

This form asks for three types of information:

- basic information about the people who are living or staying at the address on the mailing label above
- specific information about this house, apartment, or mobile home
- more detailed information about each person living or staying here
- What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today's date.

 Last Name

 First Name

 MI

 Area Code + Number

 Today's date
 (Month/Day/Year)

 How many people are living or staying at this address? Number of people

Please turn to the next page to continue.

FORM ACS-1(2007)KFI

OMB No. 0607-0810

USCENSUSBUREAU



List of Resident	S	What is this person's sex?	What is this person's age and what is this person's date of birth? Print numbers in boxes.	How is this person related to Person 1?	
This survey collects information about the people who are living or staying here for more than 2 months. Person 1 Last Name (P	Please print)	☐ Male ☐ Female	Age (in years) Month Day Year of birth	Person 1 (Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)	
On the List of Residents - • Include everyone living or staying here for more than 2 months. In the Person 1 space, list one of the people living here who owns or rents this house or apartment. Remember to include yourself on the list if	Please print)	☐ Male ☐ Female	Age (in years) Month Day Year of birth	Relationship of Person 2 to Person 1. Husband or wife Roomer, boarder Housemate, roommate Brother or sister Unmarried partner Grandchild Foster child In-law Other nonrelative Other relative	
you are staying here for more than 2 months. • Include anyone staying here who does not have another place to stay, even if they are here for 2 months or less. • Do not include anyone who is living somewhere else for more than 2 months, such as a	Please print)	☐ Male ☐ Female	Age (in years) Month Day Year of birth	Relationship of Person 3 to Person 1. Husband or wife Roomer, boarder Housemate, roommate Brother or sister Father or mother Unmarried partner Grandchild Foster child In-law Other nonrelative Other relative	
college student living away. If no one is staying here for more than 2 months, do not list any names in the List of Residents. Complete only pages 4, 5, and 6 and return the form. If you are not sure whom to list, call		☐ Male ☐ Female	Age (in years) Month Day Year of birth	Relationship of Person 4 to Person 1. Husband or wife Roomer, boarder Son or daughter Housemate, roommate Father or mother Unmarried partner Grandchild Foster child In-law Other nonrelative Other relative	
1-800-354-7271. Person 5 Last Name (P) If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person	Please print)	☐ Male ☐ Female	Age (in years) Month Day Year of birth	Relationship of Person 5 to Person 1. Husband or wife Roomer, boarder Housemate, roommate Brother or sister roommate Father or mother Unmarried partner Grandchild Foster child In-law Other nonrelative Other relative	
12. We may call you for more information about them. Person 6 Last Name (P List of Residents, answer the questions asked at the top of pages 2 and 3 for the first five people on the list.		Person Last Name First Name	e (Please print)	Person 8 Last Name (Please print) First Name MI	

4	What is this	NOTE: Please answer BOTH Questio		
	person's marital status?	Is this person Spanish/Hispanic/ Latino? Mark (X) the "No" box if not Spanish/Hispanic/Latino.	What is this person's race? Mark (X) one or person considers himself/herself to be.	more races to indicate what this
	Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group. ✓	White Black or African American American Indian or Alaska Native — Print name of enrolled or principal tribe. Korean Vietnamese Other Asian — Print race.	
	Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group. ✓	White □ Black or African American □ American Indian or Alaska Native — Print name of enrolled or principal tribe. □ Japanese □ Korean □ Vietnamese □ Other Asian — Print race.	
	Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino − Print group. ✓	White Black or African American American Indian or Alaska Native — Print name of enrolled or principal tribe. Korean Vietnamese Other Asian — Print race.	
	Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group. ✓	White Asian Indian Black or African American Chinese American Indian or Alaska Native — Print name of enrolled or principal tribe. ✓ Filipino Japanese Korean Vietnamese Other Asian — Print race.	
	Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group.	White Black or African American American Indian or Alaska Native — Print name of enrolled or principal tribe.	
	Person 9	Person 10	Person 11	Person 12
	Last Name (Please pl	rint) Last Name (Please print)	Last Name (Please print)	Last Name (Please print)
	First Name	MI First Name	MI First Name MI	First Name MI

Housing



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

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.	How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?
Which best describes this building? Include all apartments, flats, etc., even if vacant. A mobile home A one-family house detached from any other house A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments Boat, RV, van, etc. About when was this building first built? 2005 or later 2000 to 2004 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home? Month Year	How many acres is this house or mobile home on? Less than 1 acre → SKIP to question 6 1 to 9.9 acres 10 or more acres NTHE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more Is there a business (such as a store or barber shop) or a medical office on this property? Yes No Yes No How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms. 1 room 2 rooms	
		☐ 5 ☐ 6 or more

Housing (continued)

13	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	d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	B	Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.
14	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 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars Included in rent or condominium fee No charge or electricity not used b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost – Dollars Included in rent or condominium fee No charge or gas not used OR Included in electricity payment entered above No charge or gas not used c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost - Dollars Included in rent or condominium fee No charge or these fuels not used At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps? Yes \rightarrow What was the value of the Food Stamps received during the past 12 months? Past 12 months' value - Dollars Past 12 months' value - Dollars No No No Stamps received during the past 12 months No No Stamps received during the past 12 months No No No Stamps received during the past 12 months No No No No Stamps received during the past 12 months No No No No No No No N	B C D D D D D D D D D D D D D D D D D D	PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to
	☐ Included in rent or condominium fee☐ No charge	mortgage or loan)? ☐ Rented for cash rent? ☐ Occupied without payment of cash rent? → SKIP to C		\$250,000 to \$249,999 \$250,000 or more – Specify \$.00

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Houseing	(continued)
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20	What are the annual real estate taxes on THIS property? Annual amount – Dollars .00	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? Yes, insurance included in mortgage payment	Answer questions 25a—c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.
	OR None	No, insurance paid separately or no insurance	
	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR None	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? ☐ Yes, home equity loan ☐ Yes, second mortgage ☐ Yes, second mortgage and home equity loan ☐ No → SKIP to D	a. Do you or any member of this household live or stay at this address year round? ☐ Yes → SKIP to the questions for Person 1 on the next page ☐ No b. How many months a year do members of this household stay at this address? Months
	 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase No → SKIP to question 23a b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. 	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount – Dollars OR No regular payment required	c. What is the main reason members of this household are staying at this address? ☐ This is their permanent address ☐ This is their seasonal or vacation address ☐ To be close to work ☐ To attend school or college ☐ Looking for permanent housing ☐ Other reason(s) — Specify ☑
	Monthly amount – Dollars OR No regular payment required → SKIP to question 23a c. Does the regular monthly mortgage payment include payments for real	Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to E. What are the total annual costs for personal property taxes, site rent,	Continue with the questions about PERSON 1 on the next page.
	estate taxes on THIS property? Yes, taxes included in mortgage payment No, taxes paid separately or taxes not required	registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars .00	





Your answers are important! Every person in the American Community Survey counts.

Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below. Last Name First Name MI	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 Nursery school to 4th grade 5th grade or 6th grade	a. Did this person live in this house or apartment 1 year ago? ☐ Person is under 1 year old → SKIP to the questions for Person 2 on page 10. ☐ Yes, this house → SKIP to F ☐ No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.,
Where was this person born? In the United States – Print name of state.	 7th grade or 8th grade 9th grade 10th grade 11th grade 12th grade − NO DIPLOMA HIGH SCHOOL GRADUATE − high school DIPLOMA or the equivalent (for example: GED) 	No, different house in the United States b. Where did this person live 1 year ago? Name of city, town, or post office
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. Is this person a CITIZEN of the United States?	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)	c. Did this person live inside the limits of the city or town?
Yes, born in the United States → SKIP to 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of American parent or parents Yes, U.S. citizen by naturalization No, not a citizen of the United States	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) What is this person's ancestry or ethnic origin?	Yes No, outside the city/town limits Name of county
When did this person come to live in the United States? Print numbers in boxes. Year a. At any time IN THE LAST 3 MONTHS, has this	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean,	Name of state ZIP Code Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the
person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college	 Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 14 	questions for PERSON 2 on page 10. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? Yes No
Yes, private school, private college b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool	b. What is this language?	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
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)	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well Not at all	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Learning, remembering, or concentrating? b. Dressing, bathing, or getting around inside the home?

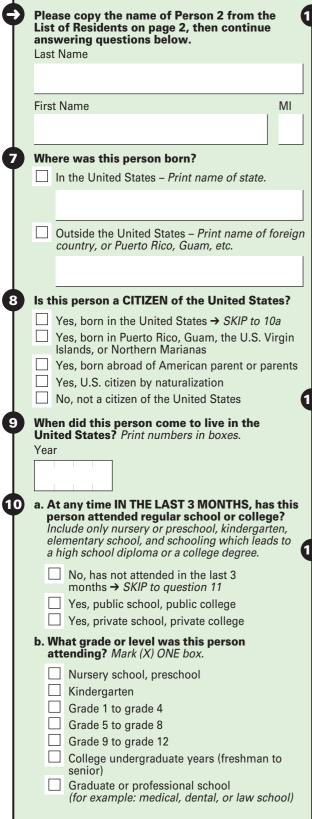
Person 1	(continued

G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. 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 (X) the box of the one used for most of the distance.
H	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Other method Taxicab
18	to question 19a.	January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	Yes No	In total, how many years of active-duty military service has this person had? Less than 2 years How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
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 question 20 	either pay or profit? Mark (X) the "Yes" box even if
	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?	to go to work LAST WEEK? Yes No → SKIP to question 29 to go to work LAST WEEK? Hour Minute a.m. p.m.
	☐ Yes ☐ No → SKIP to question 20	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. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	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	a. Address (Number and street name)
	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. Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33. b. Name of city, town, or post office
	1 or 2 years 3 or 4 years 5 or more years	a. LAST WEEK, was this person on layoff from a job? c. Is the work location inside the limits of that □ Yes → SKIP to question 29c
20	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	No Yes No, outside the city/town limits Description of the city/town limits Desc
	 Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only → SKIP to question 23 	e. Name of U.S. state or foreign country e. Name of U.S. state or foreign country f. ZIP Code No → SKIP to question 30 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? No → SKIP to question 30
	No, never served in the military → SKIP to question 23	Yes → SKIP to question 31 No



Person 1 (continued)

	_		
30	Has this person been looking for work during the last 4 weeks?	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box →	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
	No → SKIP to question 32	and print the branch of the Armed Forces.	
3	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, or other employer	Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	 Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) 	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
32	When did this person last work, even for a few days?	publishing, mail order house, auto engine manufacturing, bank)	☐ Yes → \$.00 ☐ Loss ☐ No TOTAL AMOUNT for past
	Within the past 12 months		12 MONTHS
	☐ 1 to 5 years ago → SKIP to question 35	Is this mainly – Mark (X) one box.	d. Social Security or Railroad Retirement.
	Over 5 years ago or never worked → SKIP to question 41	manufacturing?	☐ Yes → \$.00
33	During the PAST 12 MONTHS, how many	wholesale trade?	☐ No TOTAL AMOUNT for past 12 MONTHS
I	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.	retail trade? other (agriculture, construction, service,	e. Supplemental Security Income (SSI).
	Weeks	government, etc.)?	☐ Yes → \$.00
	39	What kind of work was this person doing? (For example: registered nurse, personnel manager,	No TOTAL AMOUNT for past 12 MONTHS
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	supervisor of order department, secretary, accountant)	f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK		☐ Yes → \$.00
	40	What were this person's most important activities or duties? (For example: patient care,	No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35-40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	to question 41.		☐ Yes → \$.00
	35–40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job	INCOME IN THE PAST 12 MONTHS.	No TOTAL AMOUNT for past 12 MONTHS
	activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$.00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?	For income received jointly, report the appropriate share for each person –or, if that's not possible,	PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter
	a local GOVERNMENT employee (city, county, etc.)?	report the whole amount for only one person and mark the "No" box for the other person.	the amount and mark (X) the "Loss" box .
	a state GOVERNMENT employee?	a. Wages, salary, commissions, bonuses, or tips	□ None OR \$.00
	□ a Federal GOVERNMENT employee?□ SELF-EMPLOYED in own NOT INCORPORATED	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	TOTAL AMOUNT for past
	business, professional practice, or farm?		Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	☐ Yes → \$.00	Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of
	working WITHOUT PAY in family business or farm?	No TOTAL AMOUNT for past 12 MONTHS	Residents, SKIP to page 24 for mailing instructions.





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

0	this boo or	nat is the highest degree or level of school is person has COMPLETED? Mark (X) ONE x. If currently enrolled, mark the previous grade 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 11th 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: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	b. Wh Na c. Dic city	Person is under 1 year ago? Person is under 1 year questions for Person Yes, this house → SK No, outside the Unite foreign country, or Pubelow; then SKIP to No, different house in the person lime of city, town, or lime of city, town, or yes No, outside the city/tope of county e of county	ar old → SK 3 on page IP to F d States - I uerto Rico, F The United tive 1 year a post office de the limited	IP to th 13. Print na Guam, I States ago? e	me of etc.,
	Ca. Do Lei	or example: Italian, Jamaican, African Am., mbodian, Cape Verdean, Norwegian, minican, French Canadian, Haitian, Korean, banese, Polish, Nigerian, Mexican, Taiwanese, rainian, and so on.)	is 5 year	r questions 15 and 16 ars old or over. Otherw ons for PERSON 3 on p	vise, SKIP to		n
3	a.	Does this person speak a language other than English at home?	long-	this person have any lasting conditions:		lowing Yes	I No
		No → SKIP to question 14	a. Blir visi	dness, deafness, or a son or hearing impairm	severe ent?		
	b.	What is this language?	one suc	ondition that substanti or more basic physica h as walking, climbing ching, lifting, or carryir	al activities stairs,		
		For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well	condi this p	use of a physical, me tion lasting 6 month erson have any diffic following activities	s or more, culty in do	does	
		Well Not well	con	rning, remembering, o		Yes	No
		Not at all		ssing, bathing, or getti de the home?	ng around		

Person 2 (continued)

G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	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 (X) the box of the one used for most of the distance.
TO H	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 33 Ferryboat Other method Taxicab
18	female and 15–50 years old. Otherwise, SKIP to question 19a.	 □ Korean War (July 1950 to January 1955) □ January 1947 to June 1950 □ World War II (December 1941 to December 1946) □ November 1941 or earlier 	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	☐ Yes ☐ No	In total, how many years of active-duty military service has this person had? Less than 2 years	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	2 years or more	Person(s)
	☐ Yes ☐ No → SKIP to question 20	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.	What time did this person usually leave home to go to work LAST WEEK?
	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?	Yes No → SKIP to question 29	Hour Minute a.m.
	☐ Yes ☐ No → SKIP to question 20	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.	How many minutes did it usually take this person to get from home to work LAST WEEK?
	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	a. Address (Number and street name)	Minutes
	responsible for the longest period of time. Less than 6 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.	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
	6 to 11 months	b. Name of city, town, or post office	
	1 or 2 years	2	a. LAST WEEK, was this person on layoff from a job?
	3 or 4 years 5 or more years	c. Is the work location inside the limits of that city or town?	☐ Yes → SKIP to question 29c
20	U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the	Yes No, outside the city/town limits	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	d. Name of county	Yes, on vacation, temporary illness, labor
	Yes, now on active duty		dispute, etc. \rightarrow SKIP to question 32 No \rightarrow SKIP to question 30
	Yes, on active duty during the last 12 months, but not now	e. Name of U.S. state or foreign country	c. Has this person been informed that he or she
	Yes, on active duty in the past, but not during the last 12 months		will be recalled to work within the next 6 months OR been given a date to return to work?
	No, training for Reserves or National Guard only → SKIP to question 23	f. ZIP Code	Yes → SKIP to question 31
	No, never served in the military → SKIP to question 23		□ No

Person 2 (continued)

30	Has this person been looking for work during the last 4 weeks?	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.	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
1	☐ No → SKIP to question 32	· ·	
3	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, or other employer	Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
32	When did this person last work, even for a few days?	manufacturing, bank)	Yes → S Loss No TOTAL AMOUNT for past
1	☐ Within the past 12 months		12 MONTHS
1	☐ 1 to 5 years ago → SKIP to question 35	Is this mainly – Mark (X) one box.	d. Social Security or Railroad Retirement.
-	Over 5 years ago or never worked → SKIP to question 41	manufacturing?	Yes → \$.00
33	During the PAST 12 MONTHS, how many	wholesale trade?	☐ No TOTAL AMOUNT for past 12 MONTHS
1	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.	retail trade? other (agriculture, construction, service,	e. Supplemental Security Income (SSI).
-	Weeks	government, etc.)?	☐ Yes → \$.00
1	3	What kind of work was this person doing? (For example: registered nurse, personnel manager,	No TOTAL AMOUNT for past
34	WORKED, how many hours did this person	supervisor of order department, secretary, accountant)	12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office.
-	usually work each WEEK? Usual hours worked each WEEK		
1	Osual Hours worked each WEEK		Yes → TOTAL AMOUNT for past
1	4	What were this person's most important activities or duties? (For example: patient care,	12 MONTHS
K	Answer questions 35-40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
-	to question 41.		☐ Yes → \$.00
ı	35-40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job	INCOME IN THE PAST 12 MONTHS.	No TOTAL AMOUNT for past 12 MONTHS
	activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
<u>3</u> !	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$.00
١	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT,	For income received jointly, report the appropriate	PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter
١	tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)?	share for each person –or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	the amount and mark (X) the "Loss" box.
	a state GOVERNMENT employee?	a. Wages, salary, commissions, bonuses, or tips	□ None OR \$.00
	a Federal GOVERNMENT employee?	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	TOTAL AMOUNT for past
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	To taxos, somas, duos, or other items.	Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	Yes → \$.00	Continue with the questions for Person 3 on the next page. If only 2 people are listed in the List of
	working WITHOUT PAY in family business or farm?	No TOTAL AMOUNT for past 12 MONTHS	Residents, SKIP to page 24 for mailing instructions.



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

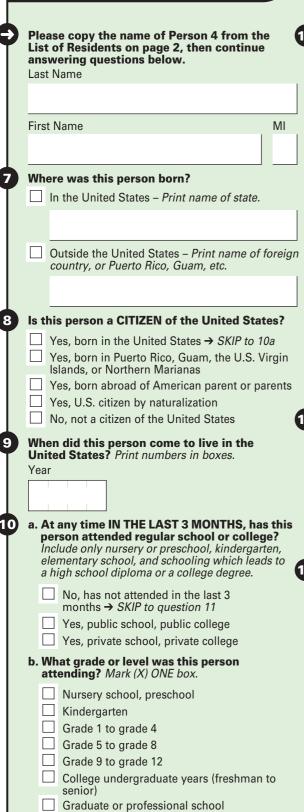
Please copy the name of Person 3 from the List of Residents on page 2, then continue answering questions below. Last Name First Name MI	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade	a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to the questions for Person 4 on page 16. □ Yes, this house → SKIP to F □ No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to F
Where was this person born? In the United States – Print name of state.	 9th grade 10th grade 11th grade 12th grade − NO DIPLOMA HIGH SCHOOL GRADUATE − high school 	No, different house in the United States b. Where did this person live 1 year ago?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	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)	Name of city, town, or post office c. Did this person live inside the limits of the
Is this person a CITIZEN of the United States? Yes, born in the United States → SKIP to 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of American parent or parents Yes, U.S. citizen by naturalization	 □ 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, LLB, JD) □ Doctorate degree (for example: PhD, EdD) 	city or town? Yes No, outside the city/town limits Name of county
No, not a citizen of the United States When did this person come to live in the United States? Print numbers in boxes. Year	What is this person's ancestry or ethnic origin? (For example: Italian, Jamaican, African Am.,	Name of state ZIP Code
a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16. Does this person have any of the following long-lasting conditions:
 No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college What grade or level was this person attending? Mark (X) ONE box. 	Yes No → SKIP to question 14 b. What is this language?	a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs,
Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well	reaching, lifting, or carrying?
Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school)	☐ Well ☐ Not well ☐ Not at all	a. Learning, remembering, or concentrating? b. Dressing, bathing, or getting around inside the home?

	Person 3 (continued)			
G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	25	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 (X) the box of the one used for most of the distance.
H	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961		Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 33 Ferryboat Other method Taxicab
1	female and 15–50 years old. Otherwise, SKIP to question 19a. Has this person given birth to any children in the past 12 months?	 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1941 November 1941 or earlier 	6)	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
19	Yes No	In total, how many years of active-duty military service has this person had? Less than 2 years	26	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
	grandchildren under the age of 18 living in this house or apartment? ☐ Yes ☐ No → SKIP to question 20	2 years or more LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even in 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.	· 27	What time did this person usually leave home to go to work LAST WEEK?
	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?	☐ Yes ☐ No → SKIP to question 29		Hour Minute a.m. p.m.
	 Yes No → SKIP to question 20 c. How long has this grandparent been 	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.	28	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	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.	a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building	J	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise,
	Less than 6 months 6 to 11 months	name or the nearest street or intersection. b. Name of city, town, or post office		SKIP to question 33.
	1 or 2 years	2. Hamile of only, term, or peer office	29	a. LAST WEEK, was this person on layoff from
	☐ 3 or 4 years☐ 5 or more years	c. Is the work location inside the limits of that		a job?
20		city or town?		Yes → SKIP to question 29cNo
	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☐ No, outside the city/town limits d. Name of county		b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor
	Yes, now on active dutyYes, on active duty during			dispute, etc. \rightarrow SKIP to question 32 No \rightarrow SKIP to question 30
	the last 12 months, but not now Yes, on active duty in the past, but not	e. Name of U.S. state or foreign country		c. Has this person been informed that he or she will be recalled to work within the next
	during the last 12 months			6 months OR been given a date to return to work?
	No, training for Reserves or National Guard only → SKIP to question 23	f. ZIP Code		Yes → SKIP to question 31
	No, never served in the military → SKIP to question 23			□ No



Person 3 (continued)

30	Has this person been looking for work during the last 4 weeks?	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box →	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
	Yes	and print the branch of the Armed Forces.	income after business expenses.
	☐ No → SKIP to question 32	Name of company, business, or other employer	☐ Yes → \$.00 ☐ Loss
31	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work	What kind of business or industry was this?	c. Interest, dividends, net rental income, royalty
	No, because of own temporary illness	Describe the activity at the location where	income, or income from estates and trusts. Report even small amounts credited to an account.
	No, because of all other reasons (in school, etc.)	employed. (For example: hospital, newspaper publishing, mail order house, auto engine	D v . \\$
32	When did this person last work, even for a few days?	manufacturing, bank)	☐ Yes → ☐ Loss ☐ No TOTAL AMOUNT for past 12 MONTHS
	☐ Within the past 12 months		
	☐ 1 to 5 years ago → SKIP to question 35	Is this mainly – Mark (X) one box.	d. Social Security or Railroad Retirement.
	Over 5 years ago or never worked → SKIP to question 41	manufacturing?	☐ Yes → \$.00
33	During the PAST 12 MONTHS, how many	wholesale trade?	No TOTAL AMOUNT for past 12 MONTHS
T	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.	retail trade?	e. Supplemental Security Income (SSI).
	Weeks	other (agriculture, construction, service, government, etc.)?	ė 00
	39	What kind of work was this person doing?	Yes → TOTAL AMOUNT (
		(For example: registered nurse, personnel manager, supervisor of order department, secretary,	☐ No TOTAL AMOUNT for past 12 MONTHS
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person	accountant)	f. Any public assistance or welfare payments from the state or local welfare office.
	usually work each WEEK?		from the state or local welfare office.
	Usual hours worked each WEEK		☐ Yes → \$.00
	40	What were this person's most important activities or duties? (For example: patient care,	☐ No TOTAL AMOUNT for past 12 MONTHS
K	Anguar questions 25 40 ONLV IE this parson	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions.
Ŷ	Answer questions 35-40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	typing and ming, reconciling infancial records	Do NOT include Social Security.
	to question 41.		☐ Yes → \$.00
	35-40 CURRENT OR MOST RECENT JOB	INCOME IN THE PAST 12 MONTHS.	☐ No TOTAL AMOUNT for past 12 MONTHS
	ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more	Mark (X) the "Yes" box for each type of income this	h. Any other sources of income received regularly
	than one job, describe the one at which this person worked the most hours. If this person had no job or	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony.
	business last week, give information for his/her last job or business.	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person -	Mark (X) the "No" box to show types of income	
T	Mark (X) ONE box.	NOT received.	☐ Yes → \$.00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual,	If net income was a loss, mark the "Loss" box to	☐ No TOTAL AMOUNT for past 12 MONTHS
	for wages, salary, or commissions?	the right of the dollar amount.	
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?	For income received jointly, report the appropriate share for each person – or, if that's not possible,	PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter
	a local GOVERNMENT employee (city, county, etc.)?	report the whole amount for only one person and mark the "No" box for the other person.	the amount and mark (X) the "Loss" box .
	a state GOVERNMENT employee?	a. Wages, salary, commissions, bonuses, or tips	None OR \$,00
	a Federal GOVERNMENT employee?	from all jobs. Report amount before deductions	None OR TOTAL AMOUNT for past
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	for taxes, bonds, dues, or other items.	Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED	Vo. 3 \$.00	Continue with the questions for Person 4 on the
	business, professional practice, or farm? working WITHOUT PAY in family business	Yes → TOTAL AMOUNT for past	next page. If only 3 people are listed in the List of Residents, SKIP to page 24 for mailing
	working WITHOUT PAY in family business or farm?	12 MONTHS	instructions.





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

22	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 Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade 10th grade 11th 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: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) What is this person's ancestry or ethnic origin?	b. Who Nan	this person live in a partment 1 year ago? Person is under 1 year ago? Yes, this house → So No, outside the Unit foreign country, or helow; then SKIP to No, different house are did this person me of city, town, or town? Yes No, outside the city/of county	ear old \rightarrow SKin 5 on page of KIP to F med States - F red States - F in the United live 1 year ar post office of the limited side side the limited side side side side side side side si	IP to the 19. Print na Guam, I States ago?	me o
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	is 5 year	r questions 15 and 16 ars old or over. Other ans for PERSON 5 on	wise, SKIP to		n
3	a. Does this person speak a language other than English at home? Yes	long-l	this person have an asting conditions:		lowing Yes	l No
	\square No → SKIP to question 14	visi	dness, deafness, or a on or hearing impairr	ment?		
	b. What is this language?	one sucl	ondition that substant or more basic physic n as walking, climbing thing, lifting, or carry	cal activities g stairs,		
	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well	condi this p	ise of a physical, mo tion lasting 6 mont erson have any diff following activitie	hs or more, iculty in do	does	
	Well Not well	con	rning, remembering, centrating?		Yes	No
	☐ Not at all		ssing, bathing, or get de the home?	ting around		

(for example: medical, dental, or law school)

Person 4 (continued)

Г			
G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	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 (X) the box of the one used for most of the distance.
THE H	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 33 Ferryboat Other method Taxicab
18	female and 15–50 years old. Otherwise, SKIP to question 19a.	 □ Korean War (July 1950 to January 1955) □ January 1947 to June 1950 □ World War II (December 1941 to December 1946) □ November 1941 or earlier 	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	☐ Yes ☐ No	military service has this person had?	6 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	Less than 2 years 2 years or more LAST WEEK did this person do ANY work for	Person(s)
	☐ Yes ☐ No → SKIP to question 20	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.	What time did this person usually leave home to go to work LAST WEEK?
	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?	☐ Yes ☐ No → SKIP to question 29	Hour Minute a.m.
	☐ Yes ☐ No → SKIP to question 20	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.	How many minutes did it usually take this person to get from home to work LAST WEEK?
	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	a. Address (Number and street name)	Minutes
	responsible for the longest period of time. Less than 6 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.	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
	☐ 6 to 11 months ☐ 1 or 2 years ☐ 3 or 4 years	b. Name of city, town, or post office	9 a. LAST WEEK, was this person on layoff from a job?
20	☐ 5 or more years Has this person ever served on active duty in the	c. Is the work location inside the limits of that city or town?	☐ Yes → SKIP to question 29c☐ No
	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 ☐ No, outside the city/town limits d. Name of county	b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor
	Yes, now on active duty		dispute, etc. \rightarrow SKIP to question 32 No \rightarrow SKIP to question 30
	Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months	e. Name of U.S. state or foreign country	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
	No, training for Reserves or National Guard only → SKIP to question 23	f. ZIP Code	work?
	No, never served in the military → SKIP to question 23		Yes → SKIP to question 31No

Person 4	(continued
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30	Has this person been looking for work during the last 4 weeks?	36	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box \Rightarrow		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
	☐ No → SKIP to question 32		and print the branch of the Armed Forces.		income after business expenses.
3	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		Name of company, business, or other employer		Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
32	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?	Ð	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes → S Loss No TOTAL AMOUNT for past
	☐ Within the past 12 months				12 MONTHS
	 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 	88	Is this mainly – Mark (X) one box. manufacturing?		d. Social Security or Railroad Retirement. Yes → \$.00 No TOTAL AMOUNT for past
3	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks		 wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)? 		12 MONTHS e. Supplemental Security Income (SSI). ☐ Yes → \$.00
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person	39	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)		No TOTAL AMOUNT for past 12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK	D	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,		Yes → S .00 No TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions.
K	Answer questions 35-40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41. 35-40 CURRENT OR MOST RECENT JOB	3	typing and filing, reconciling financial records) INCOME IN THE PAST 12 MONTHS.		Do NOT include Social Security. Yes → \$.00 No TOTAL AMOUNT for past
	ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.		Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)		h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
<u> </u>	Was this person – Mark (X) ONE box.		Mark (X) the "No" box to show types of income NOT received.		☐ Yes → \$.00
l	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?		If net income was a loss, mark the "Loss" box to the right of the dollar amount.	2	No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the
	 an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? 		For income received jointly, report the appropriate share for each person –or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.		PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box.
	 a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? 		a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		None OR STOTAL AMOUNT for past Loss 12 MONTHS
	 □ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? □ working WITHOUT PAY in family business or farm? 		Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS	•	Continue with the questions for Person 5 on the next page. If only 4 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.





Your answers help your community plan for the future.

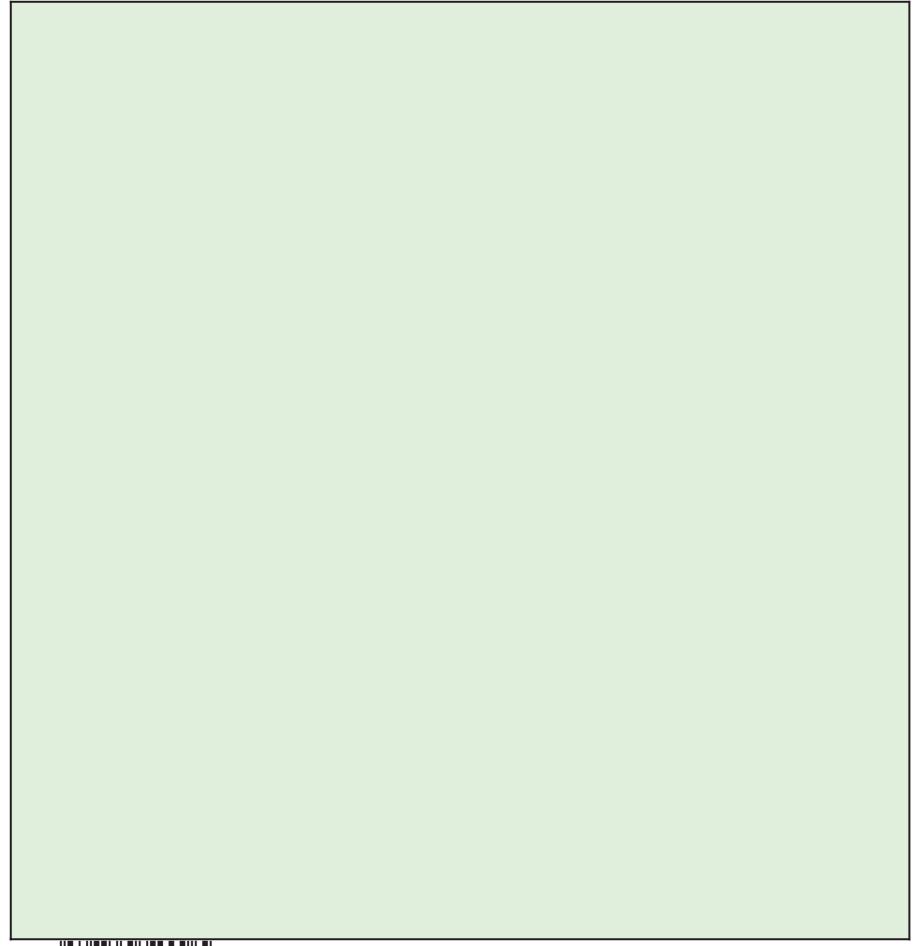
Please copy the name of Person 5 from the List of Residents on page 2, then continue answering questions below. Last Name First Name MI	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 6th grade	 a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to the mailing instructions on page 24. □ Yes, this house → SKIP to F □ No, outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to F
Where was this person born? In the United States – Print name of state.	 7th grade or 8th grade 9th grade 10th grade 11th grade 12th grade − NO DIPLOMA HIGH SCHOOL GRADUATE − high school DIPLOMA or the equivalent (for example: GED) 	No, different house in the United States b. Where did this person live 1 year ago? Name of city, town, or post office
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. Is this person a CITIZEN of the United States?	 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, 	c. Did this person live inside the limits of the city or town?
Yes, born in the United States → SKIP to 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of American parent or parents Yes, U.S. citizen by naturalization No, not a citizen of the United States	MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) What is this person's ancestry or ethnic origin?	☐ Yes ☐ No, outside the city/town limits Name of county
9 When did this person come to live in the United States? Print numbers in boxes. Year 10 a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) 3 a. Does this person speak a language other	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.
No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college	than English at home? ☐ Yes ☐ No → SKIP to question 14	Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits
b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten	b. What is this language? For example: Korean, Italian, Spanish, Vietnamese	one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
☐ 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)	c. How well does this person speak English? Very well Well Not well Not at all	this person have any difficulty in doing any of the following activities: a. Learning, remembering, or concentrating? b. Dressing, bathing, or getting around inside the home?

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	Person 5 (continued)				
G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 24.	1 E	Then did this person serve on active duty in he U.S. Armed Forces? Mark (X) a box for ACH period in which this person served, even if list for part of the period.	25	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 (X) the box of the one used for most of the distance.
1	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: Yes No a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?		September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961		Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home - SKIP to question 3 Ferryboat Other method Taxicab
18	female and 15–50 years old. Otherwise, SKIP to question 19a. Has this person given birth to any children in the past 12 months?		Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	6)	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	Yes No	n	n total, how many years of active-duty nilitary service has this person had? Less than 2 years	26	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	YesNo → SKIP to question 20	3 L e tl	2 years or more AST WEEK, did this person do ANY work for ither pay or profit? Mark (X) the "Yes" box even it ne person worked only 1 hour, or helped without ay in a family business or farm for 15 hours or nore, or was on active duty in the Armed Forces.	27	Person(s) What time did this person usually leave home to go to work LAST WEEK?
	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?		Yes No → SKIP to question 29		Hour Minute a.m. p.m.
	No → SKIP to question 20	I d	At what location did this person work LAST IEEK? If this person worked at more than one ocation, print where he or she worked most last reek.	28	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	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.	а	If the exact address is not known, give a description of the location such as the building	J	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise,
ı	Less than 6 months 6 to 11 months	h	name or the nearest street or intersection. Name of city, town, or post office		SKIP to question 33.
	1 or 2 years 3 or 4 years		. Name of city, town, or post office	29	a. LAST WEEK, was this person on layoff from a job?
	5 or more years	С	. Is the work location inside the limits of that city or town?		Yes → SKIP to question 29c
20	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 No, outside the city/town limits Name of county		 No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32
	Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not	е	. Name of U.S. state or foreign country		No → SKIP to question 30 c. Has this person been informed that he or showill be recalled to work within the next
	during the last 12 months				6 months OR been given a date to return to work?
	 No, training for Reserves or National Guard only → SKIP to question 23 No, never served in the military → SKIP to question 23 	f.	ZIP Code		Yes → SKIP to question 31No

Person 5 (continued)

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30	Has this person been looking for work during the last 4 weeks?	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box →	 b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
	Yes	and print the branch of the Armed Forces.	income after business expenses.
1	□ No → SKIP to question 32	Name of company, business, or other employer	☐ Yes → \$
31	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
32	When did this person last work, even for a few days?	manufacturing, bank)	Yes → S Loss No TOTAL AMOUNT for past
	☐ Within the past 12 months		12 MONTHS
	☐ 1 to 5 years ago → SKIP to question 35	Is this mainly – Mark (X) one box.	d. Social Security or Railroad Retirement.
	Over 5 years ago or never worked → SKIP to question 41	manufacturing?	☐ Yes → \$.00
33	During the PAST 12 MONTHS, how many	wholesale trade?	□ No TOTAL AMOUNT for past
Ÿ	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.	retail trade?	12 MONTHS e. Supplemental Security Income (SSI).
	Weeks	other (agriculture, construction, service, government, etc.)?	
			☐ Yes → \$.00
	39	(For example: registered nurse, personnel manager,	☐ No TOTAL AMOUNT for past 12 MONTHS
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	supervisor of order department, secretary, accountant)	f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK		□ V > \$.00
			☐ Yes → ☐ No TOTAL AMOUNT for past
	40	What were this person's most important activities or duties? (For example: patient care,	☐ No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35-40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	to question 41.		☐ Yes → \$.00
	35–40 CURRENT OR MOST RECENT JOB	INCOME IN THE PAST 12 MONTHS.	No TOTAL AMOUNT for past 12 MONTHS
	ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more	Mark (X) the "Yes" box for each type of income this	h. Any other sources of income received regularly
	than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$.00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual,	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	No TOTAL AMOUNT for past 12 MONTHS
	for wages, salary, or commissions? an employee of a PRIVATE NOT FOR PROFIT,	For income received jointly, report the appropriate	PAST 12 MONTHS? Add entries in questions 41a to
	tax-exempt, or charitable organization?	share for each person –or, if that's not possible,	41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box .
	a local GOVERNMENT employee (city, county, etc.)?	report the whole amount for only one person and mark the "No" box for the other person.	and amount and mark (71) the 2000 DOX.
	a state GOVERNMENT employee?	a. Wages, salary, commissions, bonuses, or tips	None OR \$
	a Federal GOVERNMENT employee?	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	TOTAL AMOUNT for past
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	ioi takes, boilus, dues, oi ottiel itellis.	Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED	Voc.) \$	Now continue with the mailing
	business, professional practice, or farm? working WITHOUT PAY in family business	☐ Yes → ☐ TOTAL AMOUNT for past	instructions on page 24.
	or farm?	12 MONTHS	

Pages 22 and 23 are intentionally left blank	



Mailing Instructions

- Please make sure you have...
 - put all names on the List of Residents and answered the questions across the top of the page
 - answered all Housing questions
 - answered all Person questions for each person on the List of Residents.
- Then...
 - put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use			
POP EDIT	PHONE	JIC1	JIC2
EDIT CLERK	TELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(2007)KFI (11-14-2006)