United States Census Bureau

The American Community Survey

Start Here

You have two ways to respond:

Respond online today at:
https://respond.census.gov/acs

OR

Complete this form and mail it back as soon as possible.

Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.

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

Telephone Device for the Deaf (TDD): Call 1–800–582–8330.

¿NECESITA AYUDA? Llame sin cargo alguno al **1-877-833-5625.**

For more information about the American Community Survey, visit our website at: https://www.census.gov/acs

Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name MI

Area Code + Number

( ) –

How many people, including yourself, live or stay at this address?

INCLUDE everyone who is here for more than 2 months, such as ...

- ✓ anyone not related to you, like roommates and other families.
- ✓ babies and children, related or unrelated, including grandchildren and foster children.

ALSO INCLUDE anyone staying here now who has no other place to stay, even if it is less than 2 months.

DO NOT INCLUDE anyone who is living somewhere else, such as...

- ✗ a college student living away.
- ✗ someone in the Armed Forces on deployment.

Number of people

Fill out pages 2 – 7 for everyone, including yourself, who is living or staying at this address. Then complete the rest of the form.

FORM **ACS-1(CT)G1V1**
(03-31-2021) R2

OMB No. 0607-0810
OMB No. 0607-0936

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.)

Please print today's date.

Month Day Year

1 What is Person 1's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?

[X] Person 1

3 What is Person 1's sex? *Mark (X) ONE box.*

[ ] Male [ ] Female

4 What is Person 1's age and what is Person 1's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 1 of Hispanic, Latino, or Spanish origin?

[ ] **No,** not of Hispanic, Latino, or Spanish origin

[ ] Yes, Mexican, Mexican Am., Chicano

[ ] Yes, Puerto Rican

[ ] Yes, Cuban

[ ] Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 1's race?
*Mark (X) one or more boxes **AND** print origins.*

[ ] White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*

[ ] Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

[ ] American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

[ ] Chinese [ ] Vietnamese [ ] Native Hawaiian

[ ] Filipino [ ] Korean [ ] Samoan

[ ] Asian Indian [ ] Japanese [ ] Chamorro

[ ] Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*

[ ] Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

[ ] Some other race – *Print race or origin.*

Person 2

1 What is Person 2's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1? *Mark (X) ONE box.*

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

3 What is Person 2's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 What is Person 2's age and what is Person 2's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 2 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 2's race? *Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese ☐ Vietnamese ☐ Native Hawaiian
- ☐ Filipino ☐ Korean ☐ Samoan
- ☐ Asian Indian ☐ Japanese ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

- ☐ Some other race – *Print race or origin.*

Person 3

1 What is Person 3's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1? *Mark (X) ONE box.*

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

☐ Male ☐ Female

4 What is Person 3's age and what is Person 3's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 3 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 3's race? *Mark (X) one or more boxes* ***AND*** *print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

- ☐ Some other race – *Print race or origin.*

Person 4

1 What is Person 4's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

3 What is Person 4's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 What is Person 4's age and what is Person 4's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 4 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 4's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

- ☐ Some other race – *Print race or origin.*

Person 5

1 What is Person 5's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1? *Mark (X) ONE box.*

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

3 What is Person 5's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 What is Person 5's age and what is Person 5's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 5 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 5's race? *Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese ☐ Vietnamese ☐ Native Hawaiian
- ☐ Filipino ☐ Korean ☐ Samoan
- ☐ Asian Indian ☐ Japanese ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

- ☐ Some other race – *Print race or origin.*

If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. *We may call you for more information about them.*

Person 6

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 7

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 8

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 9

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 10

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 11

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 12

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Housing

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

1 Which best describes this building?
Include all apartments, flats, etc., even if vacant.

- ☐ A mobile home
- ☐ A one-family house detached from any other house
- ☐ A one-family house attached to one or more houses
- ☐ A building with 2 apartments
- ☐ A building with 3 or 4 apartments
- ☐ A building with 5 to 9 apartments
- ☐ A building with 10 to 19 apartments
- ☐ A building with 20 to 49 apartments
- ☐ A building with 50 or more apartments
- ☐ Boat, RV, van, etc.

2 About when was this building first built?

- ☐ 2000 or later – *Specify year*

  ☐☐☐☐

- ☐ 1990 to 1999
- ☐ 1980 to 1989
- ☐ 1970 to 1979
- ☐ 1960 to 1969
- ☐ 1950 to 1959
- ☐ 1940 to 1949
- ☐ 1939 or earlier

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

Month ☐☐ Year ☐☐☐☐

6 a. How many separate rooms are in this house, apartment, or mobile home? *Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.*

- *INCLUDE bedrooms, kitchens, etc.*
- *EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.*

Number of rooms ☐☐

b. How many of these rooms are bedrooms?
Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".

Number of bedrooms ☐☐

7 Does this house, apartment, or mobile home have –

	Yes	No
a. hot and cold running water?	☐	☐
b. a bathtub or shower?	☐	☐
c. a sink with a faucet?	☐	☐
d. a stove or range?	☐	☐
e. a refrigerator?	☐	☐

8 Is this house, apartment, or mobile home connected to a public sewer?

- ☐ Yes, connected to public sewer
- ☐ No, connected to septic tank
- ☐ No, use other type of system

9 Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home?
Include calls using cell phones, land lines, or other phone devices.

- ☐ Yes
- ☐ No

Housing (continued)

13 **How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

14 **Are any of the following types of electric vehicles kept at home for use by members of this household?**

a. A plug-in electric vehicle?

- ☐ Yes
- ☐ No

b. A hybrid electric vehicle?

- ☐ Yes
- ☐ No

15 **Which fuel is used MOST for heating this house, apartment, or mobile home?**

- ☐ Gas: Natural gas from underground pipes serving the neighborhood
- ☐ Gas: Bottled or tank (propane, butane, etc.)
- ☐ Electricity
- ☐ Fuel oil, kerosene, etc.
- ☐ Coal or coke
- ☐ Wood
- ☐ Solar energy
- ☐ Other fuel
- ☐ No fuel used

16 **Does this house, apartment, or mobile home use solar panels that generate electricity?**

- ☐ Yes
- ☐ No

17 **a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?**

Last month's cost – *Dollars*

$, .00

OR

- ☐ 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*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ 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*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge

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*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge or these fuels not used

18 **In 2020, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?** *Do NOT include WIC, the School Lunch Program, or assistance from food banks.*

- ☐ Yes
- ☐ No

Housing (continued)

19 **Is this house, apartment, or mobile home part of a homeowners association or condominium?**

☐ Yes → **What is the required monthly homeowners association fee or condominium fee?** *For renters, answer only if you pay the fee in addition to your rent; otherwise, mark the "None" box.*

Monthly amount – *Dollars*

$, .00

OR

☐ None

☐ No

20 **Is this house, apartment, or mobile home –** *Mark (X) ONE box.*

☐ Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*

☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?

☐ Rented?

☐ Occupied without payment of rent?

B *Answer questions 21a and b if this house, apartment, or mobile home is RENTED.*

21 **a. What is the monthly rent for this house, apartment, or mobile home?**

Monthly amount – *Dollars*

$, .00

b. Does the monthly rent include any meals?

☐ Yes

☐ No