U.S. CENSUS BUREAU

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration



THE American Community Survey

Please complete this form and return it as soon as possible after receiving it in the mail.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



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.

EXECUTE: NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625.

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

USCENSUSBUREAU

Start Here

Last Name

Please print today's date.

Month Day Year

Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.

First Name MI

Area Code + Number - -

- How many people are living or staying at this address?
 - **INCLUDE** everyone who is living or staying here for more than 2 months.
 - **INCLUDE** yourself if you are living here for more than 2 months.
 - **INCLUDE** anyone else 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 college student living away or someone in the Armed Forces on deployment.

Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM **ACS-1(X)Seq** (12-19-2006)

OMB No. 0607-0936 Approval Expires 12/31/2009



	Person 1	Person 2		
	(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.)	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.		
U	What is Person 1's name? Last Name (Please print) First Name MI	☐ Husband or wife ☐ Parent-in-law ☐ Biological son or daughter ☐ Son-in-law or daughter-in-law ☐ Adopted son or daughter ☐ Other relative ☐ Stepson or stepdaughter ☐ Roomer or boarder		
2	How is this person related to Person 1? Person 1	Brother or sister Housemate or roommate Father or mother Unmarried partner Grandchild Other nonrelative		
3	What is Person 1's sex? Mark (X) ONE box. Male Female	What is Person 2's sex? Mark (X) ONE box. Male Female		
4	What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic origin and	What is Person 2's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic origin and		
5	Question 6 about race. For this survey, Hispanic origins are not races.	Question 6 about race. For this survey, Hispanic origins are not races. 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 origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	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 origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ✓		
6	What is Person 1's race? Mark (X) one or more boxes.	What is Person 2's race? Mark (X) one or more boxes.		
	 White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. 	 White □ Black, African Am., or Negro □ American Indian or Alaska Native — Print name of enrolled or principal tribe. 		
	Asian Indian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Asian Indian Japanese Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.		
	☐ Some other race – Print race. ☐	☐ Some other race – Print race. ☐		

2

Person 3	Person 4
What is Person 3's name? Last Name (Please print) First Name MI	What is Person 4's name? Last Name (Please print) First Name MI
How is this person related to Person 1? Mark (X) ONE box. Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild What is Person 3's sex? Mark (X) ONE box. Male Female What is Person 3's age and what is Person 3's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.	How is this person related to Person 1? Mark (X) ONE box. Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Housemate or roommate Father or mother Grandchild What is Person 4's sex? Mark (X) ONE box. Male Female What is Person 4's age and what is Person 4's date of birth? Please report babies as age 0 when the child is less than 1 year old. 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. 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 origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	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. 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 origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
What is Person 3's race? Mark (X) one or more boxes. ☐ White ☐ Black, African Am., or Negro ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ☐	What is Person 4's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.
Asian Indian Chinese Korean Guamanian or Chamorro Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Asian Indian Chinese Korean Guamanian or Chamorro Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
Some other race – Print race.	Some other race – Print race.

Person 5	If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12.
What is Person 5's name? Last Name (Please print) First Name	We may call you for more information about them. ✓ Person 6 Last Name (Please print) First Name MI
How is this person related to Person 1? Mark (X) ONE box.	
Husband or wife 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 Other relative Roomer or boarder Housemate or roomn Unmarried partner Other nonrelative	Sex Male Female Age (in years) Person 7
What is Person 5's sex? Mark (X) ONE box.	
☐ Male ☐ Female	Sex Male Female Age (in years)
What is Person 5's age and what is Person 5's date of birth? Please report babies as age 0 when the child is less than 1 year old Print numbers in boxes. Age (in years) Month Day Year of birth	Last Name (Please print) First Name MI
NOTE: Please answer BOTH Question 5 about Hispanic origin a Question 6 about race. For this survey, Hispanic origins are not	races.
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	Person 9 Last Name (Please print) First Name MI
Yes, another Hispanic, Latino, or Spanish origin – Print origin, for exa Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spania and so on.	ample, ard, Person 10
	Last Name (Please print) First Name MI
 What is Person 5's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or princip 	pal tribe. Sex □ Male □ Female Age (in years)
	Person 11 Last Name (Please print) First Name MI
Asian Indian Chinese Korean Filipino Other Asian – Print race, for example, Hmong, Japanese Korean Guamanian or Chame Samoan Other Pacific Islander Print race, for example	r - Say Mala Female Age (in years)
Laotian, Thai, Pakistani, Cambodian, and so on.	Person 12 Last Name (Please print) First Name MI
☐ Some other race – <i>Print race.</i> ✓	Last Name (Flouso pills)
Collie other race - Fillitrace.	Sex Male Female Age (in years)

4

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.	8 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?
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	 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 5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?	□ No bedroom □ 1 bedroom □ 2 bedrooms □ 3 bedrooms □ 4 bedrooms □ 5 or more bedrooms □ Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a
2	 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. About when was this building first built?	 None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more 6 Is there a business (such as a store or	flush toilet, and 3) a bathtub or shower? Yes, has all three facilities No Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?
	☐ 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	barber shop) or a medical office on this property? Yes No How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.	Yes, has all three facilities No Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls? Yes No
3	When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home? Month Year	2 rooms 3 rooms 4 rooms 5 rooms 6 rooms 7 rooms 9 or more rooms	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

Halleina	CONTINUED
Housing \	(continued)

Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used	Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19. a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars b. Does the monthly rent include any meals?
a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars lncluded 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 lncluded in rent or condominium fee lncluded 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 lncluded in rent or condominium fee No charge	12 MONTHS, did anyone in this household receive Food Stamps? □ Yes → What was the value of the Food Stamps received during the past 12 months? Past 12 months' value – Dollars \$	Yes

l	Housing (continued)		
20	What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? Yes, insurance included in mortgage payment No, insurance paid separately or no insurance	Answer questions 25a—c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.
2	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars Solution	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 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	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 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 Other reason(s) — Specify
	OR ☐ No regular payment required → SKIP to question 23a	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, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars .00	Continue with the questions about PERSON 1 on the next page.



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

3	Please copy the name of Person 1 from page 2, then continue answering questions below.	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade	a. Did this person live in this house or apartment 1 year ago?
	Last Name	or highest degree received.	Person is under 1 year old \rightarrow SKIP to the questions for Person 2 on page 11.
		No schooling completed	Yes, this house → SKIP to F
ı	First Name MI	Nursery school to 4th grade	No, outside the United States – <i>Print name of</i>
ı	Flist Name IVII	5th grade or 6th grade	foreign country, or Puerto Rico, Guam, etc.,
ı		☐ 7th grade or 8th grade	below; then SKIP to F
d	Where was this person born?	☐ 9th grade ☐ 10th grade	
4	☐ In the United States – <i>Print name of state.</i>	11th grade	
ı	In the Officed States – Thin haine of state.	12th grade – NO DIPLOMA	No, different house in the United States
ı		HIGH SCHOOL GRADUATE – high school	b. Where did this person live 1 year ago?
ı		DIPLOMA or the equivalent (for example: GED)	Name of city, town, or post office
ı	Untside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	Some college credit, but less than 1 year	, , ,
ı		1 or more years of college, no degree	
ı		Associate degree (for example: AA, AS)	c. Did this person live inside the limits of the
8	Is this person a CITIZEN of the United States?	Bachelor's degree (for example: BA, AB, BS)	city or town?
Ÿ	☐ Yes, born in the United States → SKIP to 10a	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Yes
ı	Yes, born in Puerto Rico, Guam, the U.S. Virgin	Professional degree (for example: MD, DDS,	No, outside the city/town limits
ı	Islands, or Northern Marianas	DVM, LLB, JD)	,
ı	Yes, born abroad of American parent or parents	Doctorate degree (for example: PhD, EdD)	Name of county
ı	Yes, U.S. citizen by naturalization		
ı	No, not a citizen of the United States	What is this person's ancestry or ethnic origin?	
9	When did this person come to live in the		Name of state ZIP Code
T	United States? Print numbers in boxes.		
ı	Year		
ı		(For example: Italian, Jamaican, African Am.,	
	a A4 and time IN THE LACE 2 MONTHS has this	Cambodian, Cape Verdean, Norwegian,	Answer questions 15 and 16 ONLY IF this person
10	a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college?	Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese,	is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 11.
ı	Include only nursery or preschool, kindergarten,	Ukrainian, and so on.)	questions for remotive on page 11.
ı	elementary school, and schooling which leads to a high school diploma or a college degree.		
ı	No, has not attended in the last 3	than English at home?	Does this person have any of the following long-lasting conditions:
ı	months → SKIP to question 11	Yes	Yes No
ı	Yes, public school, public college	No → SKIP to question 14	a. Blindness, deafness, or a severe vision or hearing impairment?
ı	Yes, private school, private college		b. A condition that substantially limits
ı	b. What grade or level was this person	b. What is this language?	one or more basic physical activities
ı	attending? Mark (X) ONE box.		such as walking, climbing stairs, reaching, lifting, or carrying?
ı	Nursery school, preschool		
	Kindergarten	For example: Korean, Italian, Spanish, Vietnamese	
	Grade 1 to grade 4	c. How well does this person speak English?	condition lasting 6 months or more, does this person have any difficulty in doing any
	Grade 5 to grade 8	☐ Very well	of the following activities:
	Grade 9 to grade 12	Well	a. Learning, remembering, or Yes No
	College undergraduate years (freshman to senior)	☐ Not well	concentrating?
	Graduate or professional school	☐ Not at all	b. Dressing, bathing, or getting around inside the home?
	(for example: medical, dental, or law school)		maide the nome:

Person 1 (continued)

Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 11. 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? H Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.	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. 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) January 1947 to June 1950	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. 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 Answer question 26 ONLY IF you marked
Has this person given birth to any children in the past 12 months?	☐ World War II (December 1941 to December 1946)☐ November 1941 or earlier	"Car, truck, or van" in question 25. Otherwise, SKIP to question 27. How many people, including this person, usually rode to work in the car, truck, or van
 No 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 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? 	Less than 2 years 2 years or more LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → SKIP to question 29	usually rode to work in the car, truck, or van LAST WEEK? Person(s) What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.
 Yes No → SKIP to question 20 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. 	WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) If the exact address is not known, give a	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes Answer questions 29–32 ONLY IF this
Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office c. Is the work location inside the limits of that	person did NOT work last week. Otherwise, SKIP to question 33.
Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty 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 No, never served in the military → SKIP to	city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	 Yes → Skip to question 29c 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 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? Yes → Skip to question 31 No

Person 1 (continued)

30	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 32	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.
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
	 ☐ 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 → Loss No TOTAL AMOUNT for past 12 MONTHS
	 Within the past 12 months 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 	manufacturing?	d. Social Security or Railroad Retirement. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past
33	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.)?	No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI). ☐ Yes → \$
] 34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	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	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.	typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → \$.00
	35–40 CURRENT OR MOST RECENT JOB 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.	INCOME IN THE PAST 12 MONTHS. 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.)	No TOTAL AMOUNT for past 12 MONTHS 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 No TOTAL AMOUNT for past
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?	If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible,	12 MONTHS What was this person's total income during the 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 local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee?	report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tipe from all jobs. Report amount before deductions for taxes bands dues are other items.	s None OR \$.00
	 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm? 	for taxes, bonds, dues, or other items. ☐ Yes → S	TOTAL AMOUNT for past 12 MONTHS Continue with the questions for Person 2 on the next page. If only 1 person is listed on pages 2, 3, and 4, SKIP to page 24 for mailing instructions.

ACS-1(X)Seq, Page 10, Base (Black)

Survey information helps your community get financial assistance for roads, hospitals,

schools, and more.

Person 2

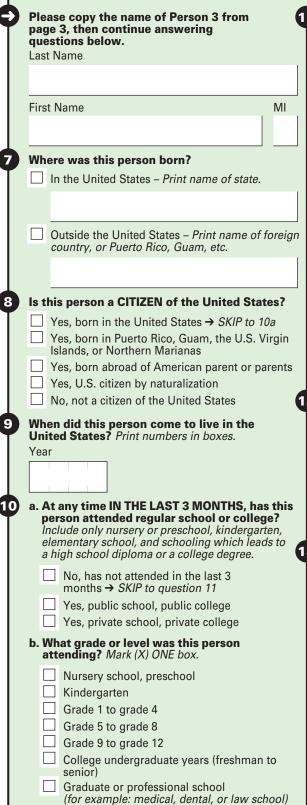
ı					
	Please copy the name of Person 2 from page 2, then continue answering questions below. Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed	apartment 1 year ago? ☐ Person is under 1 year old → SKI questions for Person 3 on page 1	IP to th	пе
	First Name MI	☐ Nursery school to 4th grade☐ 5th grade or 6th grade☐ 7th grade or 8th grade	Yes, this house → SKIP to F No, outside the United States – P foreign country, or Puerto Rico, C 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 b. Where did this person live 1 year a		S
	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 limit		the
3	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	 □ 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		
9	Yes, U.S. citizen by naturalization 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?	Name of state ZIP Cod	de	
0	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	(For example: Italian, Jamaican, African Am., 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 is 5 years old or over. Otherwise, SKIP to questions for PERSON 3 on page 14.		on
	a high school diploma or a college degree. No, has not attended in the last 3	than English at home?	Does this person have any of the foll long-lasting conditions:	owing	g
	months → SKIP to question 11 Yes, public school, public college Yes, private school, private college	☐ Yes ☐ No → SKIP to question 14	a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits	Yes	No
	b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool	b. What is this language?	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	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well	Because of a physical, mental, or em condition lasting 6 months or more, this person have any difficulty in doi of the following activities:	does	
	☐ Grade 9 to grade 12 ☐ College undergraduate years (freshman to senior)	☐ Well ☐ Not well	a. Learning, remembering, or concentrating?	Yes	No
	Graduate or professional school (for example: medical, dental, or law school)	☐ Not at all	 b. Dressing, bathing, or getting around inside the home? 		
					1

Person 2 (continued)

Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 14.	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.
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 → Railroad SKIP to question 33 Ferryboat Other method Taxicab
female and 15–50 years old. Otherwise, SKIP to question 19a. Has this person given birth to any children in	 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.
the past 12 months? Yes No	In total, how many years of active-duty military service has this person had?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
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 the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or	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?	more, or was on active duty in the Armed Forces. ☐ Yes ☐ No → SKIP to question 29	Hour Minute a.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. a. Address (Number and street name)	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		A very very series of the COMMAN A series of the Comman and the Co
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. b. Name of city, town, or post office	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
☐ 1 or 2 years ☐ 3 or 4 years ☐ 5 or more years	c. Is the work location inside the limits of that	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 29c
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.	city or town? 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 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	dispute, etc. → SKIP to question 32 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
 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	work? ☐ Yes → SKIP to question 31 ☐ No

Person 2 (continued)

	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 No → SKIP to question 32	and print the branch of the Armed Forces. Name of company, business, or other employer	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, of 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.)	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 12 MONTHS
	 Within the past 12 months 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 	Is this mainly – Mark (X) one box. manufacturing?	d. Social Security or Railroad Retirement. □ Yes → \$.00
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.)?	No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI).
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	Yes → S OO O
	Usual hours worked each WEEK 40	What were this person's most important activities or duties? (For example: patient care,	Yes → S .00 No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions. Do NOT include Social Security. □ Yes → \$.00
	35–40 CURRENT OR MOST RECENT JOB 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.	INCOME IN THE PAST 12 MONTHS. 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.)	No TOTAL AMOUNT for past 12 MONTHS 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? an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)?	If net income was a loss, mark the "Loss" box to the right of the dollar amount. 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.	No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the 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 TOTAL AMOUNT for past 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?	Yes → S .00 No TOTAL AMOUNT for past 12 MONTHS	Continue with the questions for Person 3 on the next page. If only 2 people are listed on pages 2, 3, and 4, SKIP to page 24 for mailing instructions.





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

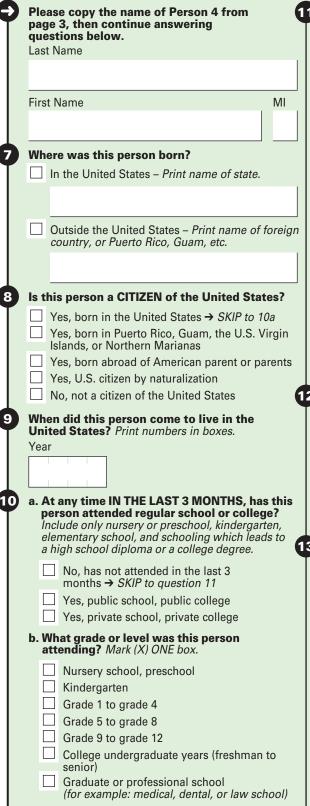
1	this person has COMPLETED? Mark (X) ONE	a. Did this person live in this house or apartment 1 year ago?	
	box. If currently enrolled, mark the previous grade or highest degree received.	Person is under 1 year old → SKIP to the questions for Person 4 on page 17.	
1	☐ No schooling completed	Yes, this house → SKIP to F	
1	Nursery school to 4th grade	No, outside the United States – <i>Print name of</i>	o f
1	☐ 5th grade or 6th grade	foreign country, or Puerto Rico, Guam, etc.,	''
1	☐ 7th grade or 8th grade	below; then SKIP to F	
1	☐ 9th grade		
1	☐ 10th grade		
1	☐ 11th grade	No, different house in the United States	1
1	☐ 12th grade – NO DIPLOMA	ivo, different flouse in the Officed States	
	HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	b. Where did this person live 1 year ago? Name of city, town, or post office	
1	Some college credit, but less than 1 year	in the state of th	
1	1 or more years of college, no degree		
1	Associate degree (for example: AA, AS)]
1	Bachelor's degree (for example: BA, AB, BS)	c. Did this person live inside the limits of the city or town?	
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Yes	
	Professional degree (for example: MD, DDS, DVM, LLB, JD)	No, outside the city/town limits	
1	Doctorate degree (for example: PhD, EdD)	Name of county	
		Name of state ZIP Code	
	(For example: Italian, Jamaican, African Am., 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 17.	
1	a. Does this person speak a language other than English at home?	Does this person have any of the following long-lasting conditions:	
	Yes	a. Blindness, deafness, or a severe	
1		vision or hearing impairment?	
	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?	
	For example: Korean, Italian, Spanish, Vietnamese	16 Because of a physical, mental, or emotional	
	c. How well does this person speak English?	condition lasting 6 months or more, does this person have any difficulty in doing any	
	☐ Very well	of the following activities:	
	Well	a. Learning, remembering, or Yes No	
	☐ Not well	concentrating?	
	Not at all	b. Dressing, bathing, or getting around inside the home?	
- 1			

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 17.	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	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 → Railroad SKIP to question 33 Ferryboat Other method Taxicab
B	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 	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	Yes 22	In total, how many years of active-duty military service has this person had?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
	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 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 20 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	2 years or more LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → SKIP to question 29	to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33. a. LAST WEEK, was this person on layoff from a job? 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, 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 during the last 12 months No, training for Reserves or National Guard only → SKIP to question 23 No, never served in the military → SKIP to question 23	Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	 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 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? Yes → SKIP to question 31 No

Person 3 (continued)

30	Has this person been looking for work during the last 4 weeks? Yes	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. Name of company, business, or other employer	Yes → \$
3	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 → Loss No TOTAL AMOUNT for past 12 MONTHS
	 Within the past 12 months 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 	manufacturing?	d. Social Security or Railroad Retirement. Yes → \$.00
33	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid	wholesale trade? retail trade?	No TOTAL AMOUNT for past 12 MONTHS
	vacation, paid sick leave, and military service. Weeks	other (agriculture, construction, service, government, etc.)?	e. Supplemental Security Income (SSI). ☐ 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, directing hiring policies, supervising order clerks,	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.	typing and filing, reconciling financial records)	Do NOT include Social Security. □ 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? a local GOVERNMENT employee (city,	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	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 .
	county, etc.)? a state GOVERNMENT employee?	mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips	□ None OR \$
	 □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? 	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	TOTAL AMOUNT for past Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business	Yes → \$.00 No TOTAL AMOUNT for past	Continue with the questions for Person 4 on the next page. If only 3 people are listed on pages 2, 3, and 4, SKIP to page 24 for mailing instructions.
	or farm?	12 MONTHS	





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

	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)	apartment 1 year ago? □ Person is under 1 year old → SKIP to the questions for Person 5 on page 20. □ 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 □ No, different house in the United States b. Where did this person live 1 year ago? Name of city, town, or post office c. Did this person live inside the limits of the city or town?
3	Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	☐ Yes ☐ No, outside the city/town limits Name of county
12	What is this person's ancestry or ethnic origin?	Name of state ZIP Code
3	(For example: Italian, Jamaican, African Am., 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 5 on page 20.
13	a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 14	long-lasting conditions: a. Blindness, deafness, or a severe Yes No
	b. What is this language?	vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Learning, remembering, or
	☐ Not well ☐ Not at all	b. Dressing, bathing, or getting around inside the home?

Person 4 (co	ontinued
--------------	----------

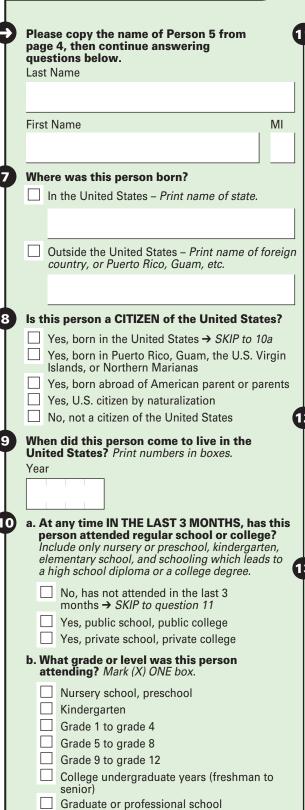
Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 20.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	How did this person 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.
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 → Railroad SKIP to question 33 Ferryboat Other method Taxicab
female and 15–50 years old. Otherwise, SKIP to question 19a. Has this person given birth to any children in	 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.
the past 12 months? Yes No	In total, how many years of active-duty military service has this person had?	usually rode to work in the car, truck, or van LAST WEEK?
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 the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or	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?	more, or was on active duty in the Armed Forces. Yes No → SKIP to question 29 At what location did this person work I AST	Hour Minute a.m. p.m.
 Yes No → SKIP to question 20 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more 	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	8 How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
☐ 1 or 2 years ☐ 3 or 4 years ☐ 5 or more years	c. Is the work location inside the limits of that city or town?	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 29c No
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 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 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	dispute, etc. → SKIP to question 32 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, 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 31 No

_			
	Person 4 (continued)		
31	the last 4 weeks? ☐ Yes ☐ No → SKIP to question 32	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → □ and print the branch of the Armed Forces. Name of company, business, or other employer	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. ☐ Yes → Some Loss No TOTAL AMOUNT for past
32	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 manufacturing, bank)	12 MONTHS 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 TOTAL AMOUNT for past 12 MONTHS
33	 Within the past 12 months 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks 	Is this mainly – Mark (X) one box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	d. Social Security or Railroad Retirement. Yes → Social Security or Railroad Retirement. Output No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI).
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	Yes → TOTAL AMOUNT for past 12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office. Yes → \$
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	No TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions. Do NOT include Social Security. ☐ Yes → \$
35	Mark (X) ONE box.	INCOME IN THE PAST 12 MONTHS. 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.) Mark (X) the "No" box to show types of income NOT received.	No TOTAL AMOUNT for past 12 MONTHS h. Any other sources of income received regularly 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. Yes > No TOTAL AMOUNT for past
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	If net income was a loss, mark the "Loss" box to the right of the dollar amount. 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. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	12 MONTHS What was this person's total income during the 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. None OR TOTAL AMOUNT for past 12 MONTHS Continue with the questions for Person 5 on the next page. If only 4 people are listed on pages 2, 3,
	working WITHOUT PAY in family business	No TOTAL AMOUNT for past	next page. If only 4 people are listed on pa and 4, SKIP to page 24 for mailing instruc

TOTAL AMOUNT for past 12 MONTHS



working WITHOUT PAY in family business or farm?





Your answers help your community plan for the future.

Œ	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.	 a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to the
	No schooling completed	mailing instructions on page 24.
┚┃	Nursery school to 4th grade	Yes, this house → SKIP to F
	☐ 5th grade or 6th grade	No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.,
	7th grade or 8th grade	below; then SKIP to F
╛┃	9th grade	
	☐ 10th grade	
	☐ 11th grade	
пL	12th grade – NO DIPLOMA	No, different house in the United States
	HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	b. Where did this person live 1 year ago? Name of city, town, or post office
n	Some college credit, but less than 1 year	, , , ,
1	1 or more years of college, no degree	
	Associate degree (for example: AA, AS)	a Did this name with inside the limite of the
-	Bachelor's degree (for example: BA, AB, BS)	c. Did this person live inside the limits of the city or town?
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	☐ Yes
	Professional degree (for example: MD, DDS, DVM, LLB, JD)	☐ No, outside the city/town limits
	Doctorate degree (for example: PhD, EdD)	Name of county
The state of the s	What is this person's ancestry or ethnic origin?	Name of state ZIP Code
	(For example: Italian, Jamaican, African Am., 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 mailing instructions on page 24.
Œ	than English at home?	Does this person have any of the following long-lasting conditions:
		a. Blindness, deafness, or a severe vision or hearing impairment?
	b. What is this language?	b. A condition that substantially limits
	b. What is this language:	one or more basic physical activities such as walking, climbing stairs,
		reaching, lifting, or carrying?
	For example: Korean, Italian, Spanish, Vietnamese	
	c. How well does this person speak English?	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
	☐ Very well	Yes No
	☐ Well	a. Learning, remembering, or
	☐ Not well	concentrating?
	☐ Not at all	b. Dressing, bathing, or getting around inside the home?

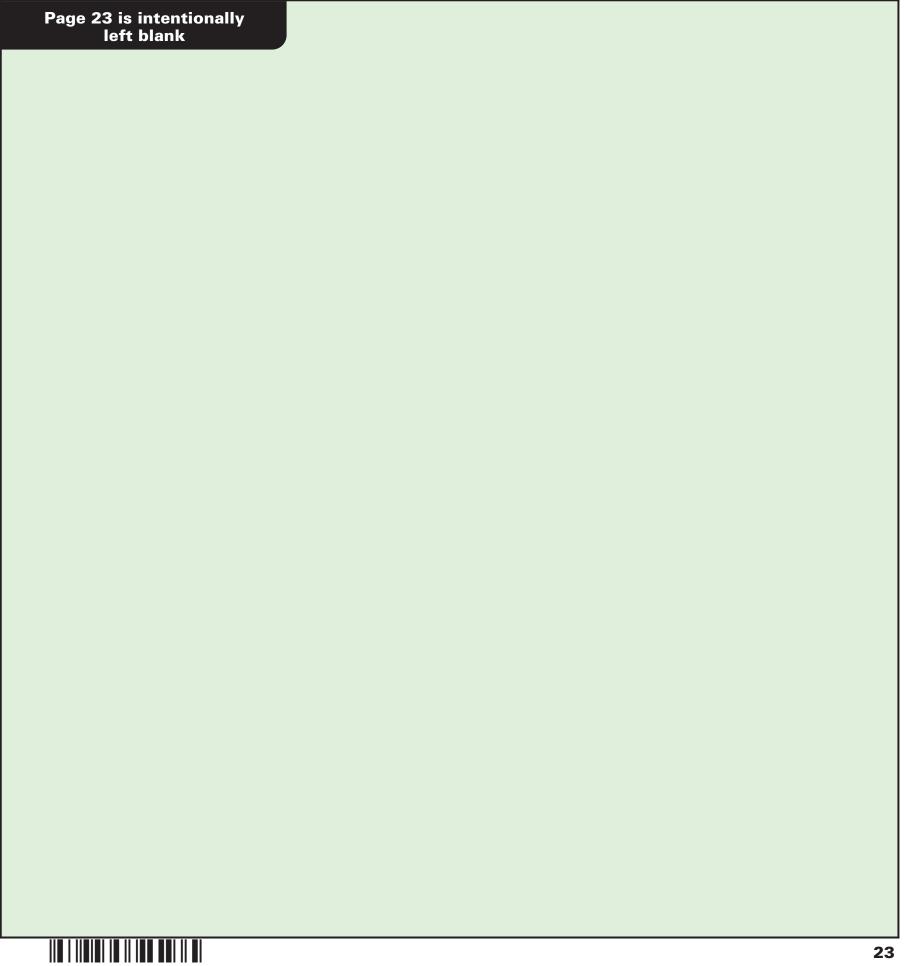
(for example: medical, dental, or law school)

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.	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.
(T)	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 → Railroad 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 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	militarý service hás this person had?	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 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 20 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	2 years or more LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → SKIP to question 29	to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33. A. LAST WEEK, was this person on layoff from a job? 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, 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 during the last 12 months No, training for Reserves or National Guard only → SKIP to question 23 No, never served in the military → SKIP to question 23	Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	 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 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? Yes → SKIP to question 31 No

Person 5 (continued)

30	Has this person been looking for work during 36		b. Self-employment income from own nonfarm
	the last 4 weeks?	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
	□ 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 d. Social Security or Railroad Retirement.
	 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 	Is this mainly − Mark (X) one box. ☐ manufacturing?	☐ Yes → \$.00
33	During the PAST 12 MONTHS, how many	wholesale trade?	No TOTAL AMOUNT for past 12 MONTHS
	WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	retail trade? other (agriculture, construction, service, government, etc.)?	e. Supplemental Security Income (SSI).
	39	What kind of work was this person doing?	Yes → S OO NO TOTAL AMOUNT for past
34	During the PAST 12 MONTHS, in the WEEKS	(For example: registered nurse, personnel manager, supervisor of order department, secretary,	12 MONTHS
T	WORKED, how many hours did this person usually work each WEEK?	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	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	worked in the past 5 years. Otherwise, SKIP 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 Federal GOVERNMENT employee?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions	□ None OR \$.00
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	for taxes, bonds, dues, or other items.	TOTAL AMOUNT for past Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	☐ Yes → \$.00	Now continue with the mailing
	working WITHOUT PAY in family business or farm?	No TOTAL AMOUNT for past 12 MONTHS	instructions on page 24.



Mailing Instructions

- Please make sure you have...
 - listed all names and answered the questions on pages 2, 3, and 4
 - answered all Housing questions
 - answered all Person questions for each person.
- 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 0607-0936, 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 0607-0936" 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(X)Seq (12-19-2006)