

THE American Community Survey

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.

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

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

Start Here

PLEASE COMPLETE THIS FORM AND RETURN IT AS SOON AS POSSIBLE AFTER RECEIVING IT IN THE MAIL.

Please print today's date.

Month Day Year

Day Teal

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

Last Name

MI

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration

U.S. CENSUS BUREAU

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** anyone else staying here who does not have another usual place to live.
 - **EXCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away.

Number of people

Fill o

Fill out pages 2 and 3 for EVERYONE who is living or staying at this address, including yourself.

If no one is living or staying here for more than 2 months, complete only pages 5, 6, and 7 and return this questionnaire.



Perso	on 1	Person 2
(Person 1 is the person living or staying this house or apartment is owned, being If there is no such person, start with the living or staying here.)	g bought, or rented.	What is Person 2's name? Last Name (Please print) First Name
What is Person 1'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 Housemate or roommate
How is this person related to Person 17 Person one What is Person 1's sex? Mark (X) ONE by		Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Housemate or roommate Unmarried partner Foster child or foster adult Other nonrelative
Male Female	oux.	What is Person 2's sex? Mark (X) ONE box. Male Female
What is Person 1's date of birth and w babies as age 0 when the child is less than Month Day Year of birth Age NOTE: Please answer BOTH Questions ! Is Person 1 of Hispanic, Latino, or Span Hispanic, Latino, or Spanish origin.	1 1 year old. Print numbers in boxes. e (in years) 5 and 6.	What is Person 2's date of birth and what is Person 2's age? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Month Day Year of birth Age (in years) NOTE: Please answer BOTH Questions 5 and 6. Is Person 2 of Hispanic, Latino, or Spanish origin? Mark (X) "No" if not of Hispanic, Latino, or Spanish origin.
No, not of Hispanic, Latino, or Spanish Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish		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,
What is Person 1's race? Mark (X) one person considers himself/herself to be. White Black, African Am., or Negro American Indian or Alaska Native —	e or more races to indicate what this Print name of enrolled or principal tribe.	What is Person 2's race? Mark (X) one or more races to indicate what this person considers himselflherself to be. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.
Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.		Filipino



Perso	n 3		Person 4	
/hat is Person 3's name? Last Name (Please print)	First Name	MI What is Person 4's name? Last Name (Please print)	First Name	
ow is this person related to Person 13	Mark (X) ONE box.	2 How is this person related to F	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-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child or foster adult Other nonrelative	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 daugh Other relative Roomer or boarder Housemate or room Unmarried partner Foster child or foste Other nonrelative	mate
What is Person 3's sex? Mark (X) ONE b	ox.	What is Person 4's sex? Mark	(X) ONE box.	
What is Person 3's date of birth and wlabies as age 0 when the child is less than Month Day Year of birth Age	1 year old. Print numbers in boxes. (in years)	What is Person 4's date of birt babies as age 0 when the child is Month Day Year of birth NOTE: Please answer BOTH Que	th and what is Person 4's age? Plea less than 1 year old. Print numbers in Age (in years)	ase repor boxes.
Rerson 3 of Hispanic, Latino, or Spanispanic, Latino, or Spanispanic, Latino, or Spanish origin. No, not of Hispanic, Latino, or Spanish Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish Argentinean, Columbian, Dominican, Nic	origin origin – <i>Print origin, for example,</i>	Hispanic, Latino, or Spanish origin. No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., of Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, of Yes, Another Hispanic, Another Hispanic, Latino, Of Yes, Another Hispanic, Anothe	or Spanish origin	ple,
What is Person 3's race? Mark (X) one erson considers himself/herself to be. White Black, African Am., or Negro American Indian or Alaska Native — H	or more races to indicate what this	6 What is Person 4's race? Marl person considers himself/herself to White Black, African Am., or Negro	k (X) one or more races to indicate wl o be.	hat this
Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.		Filipino Other Asian – Print race, for example, Hmong, Laotian, Th	Japanese Native Hawa Korean Guamanian o Vietnamese Samoan Other Pacific race, for exan Tongan, and	or Chamo Islander mple, Fiji



Person What is Person 5's name?	5	If there are more than five peoplist them here. We may call you for		
	irst Name MI	Person 6 Last Name (Please print)	First Name	MI
2 How is this person related to Person 1?	Mark (X) ONE box.	Last Name (Flease phint)	First Name	
Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter	Son-in-law or daughter-in-law Other relative Roomer or boarder	Sex	Age (in years)	
Brother or sister Father or mother Grandchild Parent-in-law	Housemate or roommate Unmarried partner Foster child or foster adult Other nonrelative	Person 7 Last Name (Please print)	First Name	MI
What is Person 5's sex? Mark (X) ONE box. Male Female		Sex	Age (in years)	
What is Person 5's date of birth and what babies as age 0 when the child is less than 1 y Month Day Year of birth Age (in	ear old. Print numbers in boxes.	Person 8 Last Name (Please print)	First Name	MI
NOTE: Please answer BOTH Questions 5 ar Is Person 5 of Hispanic, Latino, or Spanish		Sex	Age (in years)	
Hispanic, Latino, or Spanish origin. No, not of Hispanic, Latino, or Spanish or Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban	rigin	Person 9 Last Name (Please print)	First Name	MI
Yes, another Hispanic, Latino, or Spanish or Argentinean, Columbian, Dominican, Nicara		Sex	Age (in years)	
6 What is Person 5's race? Mark (X) one or person considers himself/herself to be.	more races to indicate what this	Last Name (Please print)	First Name	MI
White☐ Black, African Am., or Negro☐ American Indian or Alaska Native — Prince	nt name of enrolled or principal tribe.	Sex Male Female	Age (in years)	
Asian Indian Japanes		Person 11 Last Name (Please print)	First Name	MI
Chinese Korean Filipino Vietnam Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	Sex	Age (in years)	
Some other race – <i>Print race</i> . ✓		Last Name (Please print)	First Name	MI
Some other race - Finit race.		Sex Male Female	Age (in years)	



Housing



2	•	Ab	out when	was this	building	first built?
١			2005 or la	iter		

☐ A building with 50 or more apartments

Boat, RV, van, etc.

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

Month Year



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

4 bedrooms

5 or more bedrooms

A	Answer questions 4–6 if this is a one-family house or a mobile home; otherwise, SKIP to question 7.
4	How many acres is this house or mobile home on?
	Less than 1 acre → SKIP to question 61 to 9.9 acres
	☐ 10 or more acres
6	IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?
	None
	□ \$1 to \$999
	\$1,000 to \$2,499
	\$2,500 to \$4,999
	\$5,000 to \$9,999
	\$10,000 or more
6	Is there a business (such as a store or barber shop) or a medical office on this property?
	Yes
	□ No
9	How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
	☐ 1 room
	2 rooms
	3 rooms
	4 rooms
	☐ 5 rooms
	☐ 6 rooms
	7 rooms

apa ma hou	w many bedrooms are in this house, artment, or mobile home; that is, how ny bedrooms would you list if this use, apartment, or mobile home were the market for sale or rent?
	No bedroom

on the market for sale or rent?					
	No bedroom				
	1 bedroom				
	2 bedrooms				
	3 bedrooms				

9		Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?
---	--	--

Yes, has all three facilities
No

10	Does this house, apartment, or mobile
\mathbf{T}	home have COMPLETE kitchen facilities;
	that is, 1) a sink with piped water, 2) a
	stove or range, and 3) a refrigerator?

Ш	Yes,	has	all	three	facilit	ies
	No					

Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?

Ye
No

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

ш	None
	1
	2
	3
	4
	5

6 or more



9 or more rooms

Housing (continued)

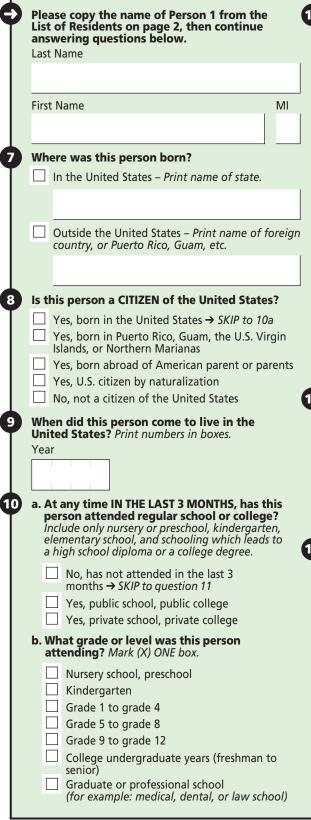
Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, 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 OR Included in rent or condominium fee No charge or these fuels not used	PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.
a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee No charge or electricity not used	At any time DURING THE PAST 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 \$ No	Yes No
b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost – Dollars 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	Is this house, apartment, or mobile home part of a condominium? Yes →What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars No OR No Is this house, apartment, or mobile home – Owned by you or someone in this household with a mortgage or loan? Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without payment of rent? → SKIP to C	What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale? Less than \$10,000 \$10,000 to \$14,999 \$15,000 to \$19,999 \$20,000 to \$24,999 \$30,000 to \$34,999 \$35,000 to \$39,999 \$40,000 to \$49,999 \$50,000 to \$59,999 \$60,000 to \$69,999 \$70,000 to \$79,999 \$80,000 to \$89,999 \$100,000 to \$124,999 \$125,000 to \$174,999 \$175,000 to \$174,999 \$250,000 or more — Specify \$ \$.00



Housing (continued)

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

Person 1





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

	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade 10th grade 11th grade 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: BA, AB, BS) Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM, LLB, JD)	a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to the questions for Person 2 on page 11. □ Yes, this house → SKIP to					
	Doctorate degree (for example: PhD, EdD)	Name of county					
12		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 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 11.					
Œ	than English at home?	Does this person have any of the following long-lasting conditions:					
	YesNo → SKIP to question 14	a. Blindness, deafness, or a severe 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 c. How well does this person speak English? Very well	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:					
	☐ Well ☐ Not well	a. Learning, remembering, or Sourcentrating?					
	Not at all	b. Dressing, bathing, or getting around inside the home?					



	Person 1 (continued)		
G	Answer questions 17 and 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 11.	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.
17	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 34 Ferryboat Other method Taxicab
	Now married Widowed Divorced Separated	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 27 if you marked "Car, truck, or van" in question 26. Otherwise, SKIP to question 28.
	☐ Never married	In total, how many years of active-duty military service has this person had? Less than 2 years	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
H	Answer question 19 if this person is female and 15–50 years old. Otherwise, SKIP to question 20a.	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	Person(s) What time did this person usually leave home to
19	Has this person given birth to any children in the past 12 months? Yes No	yes No → SKIP to question 30a At what location did this person work LAST	go to work LAST WEEK? Hour Minute a.m. p.m.
20	 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 21 	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
	 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? 	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 30–33 if this person did NOT work last week. Otherwise, SKIP to question 34.
	YesNo → SKIP to question 21	c. Is the work location inside the limits of that	job?
2	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	 Yes → SKIP to question 30c No 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 33 No → SKIP to question 31 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 24 No, never served in the military → SKIP to question 24 	f. ZIP Code	Yes → SKIP to question 32No



Person 1 (continued)

3	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 33	37	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.
32	LAST WEEK, could this person have started a joi offered one, or returned to work if recalled?	b if	Name of company, business, or other employer		Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	38	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes → \$ Loss
B	When did this person last work, even for a few days?				No TOTAL AMOUNT for past 12 MONTHS
	Within the past 12 months1 to 5 years ago → SKIP to question 36	39	Is this mainly – Mark (X) one box.		d. Social Security or Railroad Retirement.
	Over 5 years ago or never worked → SKIP to question 42		☐ manufacturing?☐ wholesale trade?		☐ Yes → \$.00
34)	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid		retail trade? other (agriculture, construction, service,		No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI).
	vacation, paid sick leave, and military service. Weeks		government, etc.)? What kind of work was this person doing?		Yes > \$.00
			(For example: registered nurse, personnel manager, supervisor of order department, secretary,		No TOTAL AMOUNT for past 12 MONTHS
35	During the PAST 12 MONTHS, in the WEEKS 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	41	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 36–41 if this person worked in the past 5 years. Otherwise, SKIP to question 42.		typing and filing, reconciling financial records)		g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → \$.00
	36–41 CURRENT OR MOST RECENT JOB	42	INCOME IN THE PAST 12 MONTHS.		No TOTAL AMOUNT for past 12 MONTHS
	ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more 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.
36	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		If net income was a loss, mark the "Loss" box to the right of the dollar amount.		No TOTAL AMOUNT for past 12 MONTHS
	wages, śalary, or commissions? 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 mark the "No" box for the other person.	43	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 next to the
	a state GOVERNMENT employee? a Federal GOVERNMENT employee?		a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		dollar amount. None OR \$.00
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?		\$\$		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 → TOTAL AMOUNT for past 12 MONTHS	0	Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.



Person 2



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

The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.



Mailing Instructions

Please make sure you have...

- put all names on the List of Residents and answered the questions across the top of the page
- answered all Housing questions
- answered all Person questions for each person on the List of Residents.

Then...

 put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

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

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

Thank you for participating in the American Community Survey.

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

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-XXXX, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, D.C. 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(X)Seq (8-24-2006)

