



THE American Community Survey

This booklet shows the content of the American Community Survey questionnaire.



Start Here

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

OR

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

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 completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

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

	Please print today's date.	
	Month Day Year	
^		
6	Please print the name and telephone number of the filling out this form. We will only contact you if need	
\Rightarrow	Census Bureau business.	
	Last Name	
	First Name	MI
	Area Code + Number	
	000 000 - 0000	
6	How many people are living or staying at this add	ress?
	 INCLUDE everyone who is living or staying here for INCLUDE yourself if you are living here for more that INCLUDE anyone else staying here who does not have 	n 2 months.
	 stay, even if they are here for 2 months or less. DO NOT INCLUDE anyone who is living somewhere 2 months, such as a college student living away or so 	

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

FORM **ACS-1(INFO)(2017)** (03-14-2016)

Number of people

Armed Forces on deployment.

complete the rest of the form.

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



(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.) 2 How is this person related to Person 1? Mark (X) ONE box. 4 What is Person 1 is name? 2 How is this person related to Person 1? 5 Ist Name (Please print) 5 Ist Name (Please print) 6 Ist Name (Please print) 7 Ist Name (Please print) 8 Ist Name (Please print) 8 Ist Name (Please print) 8 Ist Name (Please print) 9 Ist Name (Please print) 9 Ist Name (Please print) 1 What is Person 1 is age and what is Person 1? 1 What is Person 1 is age and what is Person 1's date of birth? 1 Please report babies as age of when the child is less than 1 year old. 2 Print numbers in boxes. 3 What is Person 2's age and what is Person 2's date of birth? 4 What is Person 1's age and what is Person 1's date of birth? 5 Is Person 1 of Hispanic, Latino, or Spanish origin 9 Is Person 1 of Hispanic, Latino, or Spanish origin 1 No, not of Hispanic, Latino, or Spanish origin? 1 No, not of Hispanic, Latino, or Spanish origin? 1 No, not of Hispanic, Latino, or Spanish origin? 1 No, not of Hispanic, Latino, or Spanish origin? 2 No, not of Hispanic, Latino, or Spanish origin? 3 No, not of Hispanic, Latino, or Spanish origin? 4 No, not of Hispanic, Latino, or Spanish origin? 5 No, not of Hispanic, Latino, or Spanish origin? 5 No, not of Hispanic, Latino, or Spanish origin? 6 What is Person 2's face? Mark (X) one or more boxes. 6 What is Person 2's face? Mark (X) one or more boxes. 9 Is Person 2 of Hispanic, Latino, or Spanish origin? 1 No, not of Hispanic, Latino, or Spanish origin? 1 No, not of Hispanic, Latino, or Spanish origin? 1 No, not of Hispanic, Latino, or Spanish origin? 2 No, not of Hispanic, Latino, or Spanish origin? 3 No, not of Hispanic, Latino, or Spanish origin? 4 No, not of Hispanic, Latino, or Spanish origin? 5 No, not of Hispanic, Latino, or Spanish origin? 6 No or or or or or or or or	Person 1	Person 2		
Advise this person 1's name? Son-in-law or daughter-in-light person 1's name? Son-in-law or daughter-i	(Person 1 is the person living or staying here in whose name this house			
Husband or wife Son-in-law or daughter Other relative Charles Son-in-law or daughter Adopted son or daughter Housemate or roommate Stepson or stepdaughter Housemate or roommate Charles Adopted son or daughter Housemate or roommate Charles Adopted son or stepdaughter Charles Charles Adopted son or stepdaughter Charles	or apartment is owned, being bought, or rented. If there is no such			
What is Person 1's name? Last Name (Please print) Stepson or stepdaughter		Husband or wife Son-in-law or daughter-in-law		
What is Person 1's sex? Mark (X) ONE box.		Adopted son or daughter Stepson or stepdaughter Brother or sister Roomer or boarder Housemate or roommate Unmarried partner		
Male Female Male Femal	— — — — — — — — — — — — — — — — — — —			
Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Quban Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. White Black or African Am. American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black or African Am. Asian Indian Japanese Native Hawaiian Chinese Native Hawaiian Chinese Other Asian - Print race, for example, Filipin Tongan, and Other Asian, Frint race, for example, Filian, Tongan, and				
Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Yes, Cuban Y	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 race. Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin	Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. 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. S Person 2 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin		
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Chinese Korean Guamanian or Chamorro Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Fijian, Tongan, and Chinese Korean Guamanian or Chamorro Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Fijian, Tongan, and Fijian, Tongan, and Fijian, Tongan, and	☐ White ☐ Black or African Am.	White Black or African Am.		
	Chinese Korean Guamanian or Chamor Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani,	Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Fijian, Tongan, and		
Some other race – <i>Print race.</i> Some other race – <i>Print race.</i>	Some other race – <i>Print race</i> .	Some other race – Print race.		

Person 3	Person 4		
1 What is Person 3's name? Last Name (Please print) First Name MI	1 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 Parent-in-law 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. Age (in years) NoTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. In the print place of this part of Hispanic, Latino, or Spanish origin?	Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law What is Person 4's sex? Mark (X) ONE box. Male 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. 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.		
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. Argentineary Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.		
What is Person 3's race? Mark (X) one or more boxes. White Black or African Am. 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 or African Am. 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.		

Adopted son or daughter Other relative Other relative		Person 5		If there are more than five peoprint their names in the spaces	
Person 6 Last Name (Please print) First Name Person 6 Last Name (Please print) First Name Person 7 Last Name (Please print) First Name Person 8 Last Name (Please print) First Name Person 9 Last Name (Please print) First Name Person 10 Last Name (Please print) First Name Person 11 Last Name (Please print) First Name Person 12 Last Name (Please print) First Name Person				We may call you for more informa	
Husband or wife Son-in-law or daughter Son-in-law or daughter-in-law Sielological son or daughter Gomer or boarder Roomer or boarder	st Name (<i>Please print</i>)	First Na	ime IV	Person 6	
Husband or wife Son-in-law or daughter-in-law Son-in-law or daughter-in-law Son-in-law or daughter Son-in-law or daughter-in-law Sicological son or daughter Roomer or boarder Roomer or boarder Roomer or boarder Roomer or boarder Roomer or steed grandwiller Roomer or boarder Roomer or steed grandwiller Roomer or boarder Roomer or steed grandwiller Partial for mother Foster child Other nonrelative Partial for mother Foster child Other nonrelative Partial for mother Foster child Roomer or boarder Partial for mother Foster child Roomer or boarder Partial for mother Roomer or for mother Roomer or for mother Roomer or for mother Roomer or for for for for for for for for for				Last Name (Please print)	First Name
Husband or wife Consequence Consequence	ow is this person relate	ed to Person 1? N	lark (X) ONF box	Last Hame (Frodes print)	
Biological son or daughter Other relative Roomer or boarder	-			aw	
Adopted son or daughter		er	· ·	LUVV	
Stepson or stepdaughter	9			Sex Male Female	Age (in years)
Brother or sister	_				
Father or mother Grandchild				Person 7	
Parent-in-law Parent-in-la			·	Last Name (Please print)	First Name
Parent-in-law hat is Person 5's sex? Mark (X) ONE box. Male	7				
that is Person 5's sex? Mark (X) ONE box. Male Female Female			Other nonrelative		
Male	Parent-in-law			1	
That is Person 5's age and what is Person 5's date of birth? Jease report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. By (in years) NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Person 5 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Juban J	hat is Person 5's sex?	Mark (X) ONE box.		Sex Male Female	Age (in years)
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Last Name (Please print) First Name	/hat is Person 5's age a	nd what is Persor	n 5's date of birth?		
NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Person 5 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Mexican, Mexican Am., Chicano Yes, Cuban Yes, Mexican, Mexican Am., Chicano Yes, Cuban Yes, Mexican, Mexican Am., Colombian, Dominican, Nicaraguan, Salvadodan, Spaniard, and so on. Sex	lease report babies as age	0 when the child is	s less than 1 year old.	Last Name (Please print)	First Name
NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. 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, Quban Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorán, Spaniard, and so on. What is Person 5's race? Mark (X) one or more boxes. White Black or African Am. American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black or African Am. American Indian or Alaska Native — Print name of enrolled or principal tribe. Chinese					
NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race for this survey, Hispanic origins are not races. 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, Quban Yes, quother Hispanic, Latino, or Spanish origin - Print origin, for example, Argantinean, Colombian, Dominican, Nicaraguan, Salvadoqin, Spaniard, and so on. White Black or African Am. American Indian or Alaska Native — Print name of enrolled or principal tribe. White Black or African Am. Asian Indian Japanese Native Hawaiian Chinese Korean Guamanian or Chamorro Samoan Other Pacific Islander - Print race, for example, Hmong, Laotian, This, Poskisani, Cambodian, and so on. So on. Some other race - Print race. First Name Person 12 Last Name (Please print) First Name Person 12 Last Name (Please print) First Name					
NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race for this survey, Hispanic origins are not races. 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, Quban Yes, quother Hispanic, Latino, or Spanish origin - Print origin, for example, Argantinean, Colombian, Dominican, Nicaraguan, Salvadorán, Spaniard, and so on. 7 White Black or African Am. American Indian or Alaska Native — Print name of enrolled or principal tribe. 7 Asian Indian					
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Yes, Puerto Rican Yes, Cuban Yes, Andle Female Age (in years) Yes, Cuban	No, not of Hispanic, Lati	no, or Spanish origin	/	Last Name (Please print)	First Name
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American Indian or Alaska Native — Print name of enrolled or principal tribe. Asian Indian		Mark (X) one or m	ore boxes.	Last Name (Please print)	First Name
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Chinese	White Black or African Am.			Sex Male Female	
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Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Some other race – Print race.	White Black or African Am. American Indian or Alasi Asian Indian	a Native — Print nan	ne of enrolled or principal trib	Sex Male Female Person 11 Last Name (Please print)	Age (in years)
Frint race, for example, Fijian, Tongan, and so on. Cambodian, and so on. Some other race – Print race.	White Black or African Am. American Indian or Alasl Asian Indian Chinese	Japanese Korean	ne of enrolled or principal tribe Native Hawaiian Guamanian or Chamore	Sex Male Female Person 11 Last Name (Please print)	Age (in years)
Laotian, Thai, Pakistani, Cambodian, and so on. Some other race – Print race.	White Black or African Am. American Indian or Alasl Asian Indian Chinese Filipino	Japanese Korean	Native Hawaiian Guamanian or Chamore Samoan	Sex	Age (in years) First Name
Some other race – Print race.	White Black or African Am. American Indian or Alasl Asian Indian Chinese Filipino Other Asian – Print race,	Japanese Korean	Native Hawaiian Guamanian or Chamori Samoan Other Pacific Islander –	Sex	Age (in years) First Name
	White Black or African Am. American Indian or Alasi Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani,	Japanese Korean Vietnamese	Native Hawaiian Guamanian or Chamore Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Male Female Person 11 Last Name (Please print) TO Sex Male Female Person 12	Age (in years) First Name Age (in years)
	White Black or African Am. American Indian or Alasi Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani,	Japanese Korean Vietnamese	Native Hawaiian Guamanian or Chamore Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Male Female Person 11 Last Name (Please print) TO Sex Male Female Person 12	Age (in years) First Name Age (in years)
	White Black or African Am. American Indian or Alasi Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani,	Japanese Korean Vietnamese	Native Hawaiian Guamanian or Chamore Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Male Female Person 11 Last Name (Please print) TO Sex Male Female Person 12	Age (in years) First Name Age (in years)
	White Black or African Am. American Indian or Alasi Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Japanese Korean Vietnamese	Native Hawaiian Guamanian or Chamore Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex Male Female Person 11 Last Name (Please print) TO Sex Male Female Person 12	Age (in years) First Name Age (in years)

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L		Answer questions 4 – 5 if this is a HOUSE	home have –		
-	Please answer the following	OR A MOBILE HOME; otherwise, SKIP to question 6a.	a. hot and cold running water?	Yes	No
T	questions about the house, apartment, or mobile home at the		b. a bathtub or shower?		
ı	address on the mailing label.	How many acres is this house or			
		mobile home on?	c. a sink with a faucet?	H	
1	Which best describes this building? Include all apartments, flats, etc., even if	Less than 1 acre → SKIP to question 6a	d. a stove or range?	Ш	
ı	vacant.	1 to 9.9 acres	e. a refrigerator?		
ı	A mobile home	10 or more acres	f. telephone service from which you can both make		
ı	A one-family house detached from any		and receive calls? <i>Include</i> cell phones.		
	other house A one-family house attached to one or		At this house, apartment, or mo	obile r	nome –
	more houses	IN THE PAST 12 MONTHS, what were the actual sales of all agricultural	do you or any member of this hown or use any of the following	ouseh	old
	A building with 2 apartments	products from this property?	computer?	Yes	No
	A building with 3 or 4 apartments	None	a. Desktop or laptop		
	A building with 5 to 9 apartments	□ \$1 to \$999			
ı	☐ A building with 10 to 19 apartments	□ \$1,000 to \$2,499	b. Smartphonec. Tablet or other portable		
ı	A building with 20 to 49 apartments	□ \$2,500 to \$4,999	wireless computer		
ı	A building with 50 or more apartments	S5,000 to \$9,999	d. Some other type of computer Specify		
ı	Boat, RV, van, etc.	\$10,000 or more	opecity g		
2	About when was this building first built?	a. How many separate rooms are in this	At this house, apartment, or mo	obile r	nome –
Ī	2000 or later – Specify year >	house, apartment, or mobile home?	do you or any member of this he have access to the Internet?	ouseh	old
ı	2000 of fater opening years	Rooms must be separated by built-in archways or walls that extend out at least		ompoi	nv or
ı		6 inches and go from floor to ceiling.	Yes, by paying a cell phone c Internet service provider		
ı	1990 to 1999	INCLUDE bedrooms, kitchens, etc.	Yes, without paying a cell phoor internet service provider	one co SKIP	mpany <i>to</i>
ı	1980 to 1989	EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.	question 11		
ı	1970 to 1979	Number of rooms	No access to the Internet at the apartment, or mobile home		
ı	1960 to 1969		question 11		
ı			Do you or any member of this h have access to the Internet usir		ıold
ı	1950 to 1959	b. How many of these rooms are bedrooms?		Yes	No
ı	1940 to 1949	Count as bedrooms those rooms you would list if this house, apartment, or mobile home	a. cellular data plan for a smartphone or other mobile		
ı	1939 or earlier	were for sale or rent. If this is an	device?	Ш	
ı		efficiency/studio apartment, print "0". Number of bedrooms	 b. broadband (high speed) Internet service such as cable, 		
3	When did PERSON 1 (listed on page 2)	Number of bearooms	fiber optic, or DSL service installed in this household?		
T	move into this house, apartment, or mobile home?		c. satellite Internet service		
	Month Year		installed in this household? d. dial-up Internet service		
			installed in this household?	H	
			e. some other service? Specify service		Ш

	/
Halleina	(continued)

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	a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars Last month's cost – Dollars OR Included in rent or condominium fee No charge or electricity not used IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.
4 5 6 or more Which FUEL is used MOST for heating this	b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost – Dollars \$ 1,00 OR 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
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	

	Housing (continued)
В	Answer questions 17a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 18.
1	a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars
	b. Does the monthly rent include any
	meals? Yes No
C	Answer questions 18 – 22 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E .
18	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?
	Amount – Dollars \$ 0,000
19	What are the annual real estate taxes on THIS property?
	Annual amount – Dollars
	OR None
20	

a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
Yes, mortgage, deed of trust, or similar debt	Yes, home equity loan
Yes, contract to purchase	Yes, second mortgage
No → SKIP to question 22a	Yes, second mortgage and home equity loan No → SKIP to D
b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars \$.00	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	OR
No regular payment required → SKIP to question 22a c. Does the regular monthly mortgage	No regular payment required
payment include payments for real estate taxes on THIS property? Yes, taxes included in mortgage payment	Answer question 23 if this is a MOBILE HOME. Otherwise, SKIP to E .
No, taxes paid separately or taxes not required 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	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
	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.

.00

Annual amount – Dollars

OR

\$

None

		13197002
Please copy the name of Person 1 from page 2, then continue answering questions below. Last Name	1 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	13 What is this person's ancestry or ethnic origin?
First Name MI	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
Where was this person born? In the United States – <i>Print name of state</i> .	 Nursery school Kindergarten Grade 1 through 11 − Specify grade 1 − 11 → 	a. Does this person speak a language other than English at home?
		No → SKIP to question 15ab. What is this language?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese
Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10a	GED or alternative credential COLLEGE OR SOME COLLEGE	c. How well does this person speak English? Very well
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents	Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree	☐ Not well
Yes, U.S. citizen by naturalization – Print year of naturalization	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	Not at all 15 a. Did this person live in this house or apartment 1 year ago?
No, not a U.S. citizen When did this person come to live in the	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16
United States? If this person came to live in the United States more than once, print latest year. Year	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	No, different house in the United States or Puerto Rico
No, has not attended in the last 3 months → SKIP to question 11		b. Where did this person live 1 year ago? Address (Number and street name)
Yes, public school, public college Yes, private school, private college, home school	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education,	
 b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool 	organizational psychology)	Name of city, town, or post office
Kindergarten Grade 1 through 12 – Specify grade 1 – 12 –		Name of U.S. county or municipio in Puerto Rico
College undergraduate years (freshman to		Name of U.S. state or Puerto Rico ZIP Code
senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		00000

Person 1 (continued)

Is this person CURRENTLY covered by any of the following types of health insurance or health		Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has
	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.		been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months 6 to 11 months
	b. Insurance purchased directly from	Yes	1 or 2 years
	an insurance company (by this person or another family member)	□ No	3 or 4 years
	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	5 or more years
	d. Medicaid, Medical Assistance, or	Now married	
	any kind of government-assistance plan for those with low incomes or a disability	☐ Widowed ☐ Divorced	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	e. TRICARE or other military health care	Separated	Never served in the military → SKIP to
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to	question 29a Only on active duty for training in the Reserves
	g. Indian Health Service	In the PAST 12 MONTHS did this person get Yes No	or National Guard → <i>SKIP to question 28a</i>
		a. Married?	Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify	b. Widowed?	On active duty in the past, but not now
7	a. Is this person deaf or does he/she have	c. Divorced?	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.
	serious difficulty hearing?	Once	September 2001 or later
	Yes No	Two times Three or more times	August 1990 to August 2001 (including Persian Gulf War)
	h la thia navaan blind ay daga ba/aha baya	· · · · · · · · · · · · · · · · · · ·	May 1975 to July 1990
	serious difficulty seeing even when wearing glasses?	In what year did this person last get married? Year	Vietnam era (August 1964 to April 1975)
	Yes		February 1955 to July 1964
	□ No		Korean War (July 1950 to January 1955)
		Answer question 24 if this person is	January 1947 to June 1950
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to	female and 15 – 50 years old. Otherwise, SKIP to question 25a.	
	the questions for Person 2 on page 12.	SKII to question 23a.	World War II (December 1941 to December 1946)
			November 1941 or earlier
9	Because of a physical, mental, or emotional condition, does this person have serious	birth to any children?	a. Does this person have a VA service-connected
	difficulty concentrating, remembering, or making decisions?	Yes	disability rating?
	Yes	No	Yes (such as 0%, 10%, 20%, , 100%)
	□ No	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	No → SKIP to question 29a
	b. Does this person have serious difficulty walking or climbing stairs?	Yes	b. What is this person's service-connected disability rating?
	Yes	No → SKIP to question 26	0 percent
No		b. Is this grandparent currently responsible for	10 or 20 percent
	c. Does this person have difficulty dressing or bathing?	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	30 or 40 percent
	Yes	Yes	50 or 60 percent
	□ No	No → SKIP to question 26	70 percent or higher

Γ	Person 1 (continued)		A
		Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise,	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
29	a. LAST WEEK, did this person work for pay at a job (or business)?	SKIP to question 33.	Yes
			No → SKIP to question 38
	Yes → SKIP to question 30No – Did not work (or retired)	32 How many people, including this person,	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	LAST WEEK?	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
		Person(s)	Yes, could have gone to work
	YesNo → SKIP to question 35a		No, because of own temporary illness
	Ne 1 Chin to quodion cod	33 What time did this person usually leave home	No, because of all other reasons (in school, etc.)
30	At what location did this person work LAST WEEK? If this person worked at more than one	to go to work LAST WEEK?	Two, because of all other reasons (in series), etc.,
	location, print where he or she worked most last week.	Hour Minute a.m.	When did this person last work, even for a few
	a. Address (Number and street name)	p.m.	days?
			Within the past 12 months
		34 How many minutes did it usually take this	1 to 5 years ago → SKIP to L
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	person to get from home to work LAST WEEK? Minutes	Over 5 years ago or never worked → SKIP to question 47
	b. Name of city, town, or post office		a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	c. Is the work location inside the limits of that	Answer questions 35 – 38 if this person	Yes → SKIP to question 40
	city or town?	did NOT work last week. Otherwise, SKIP to question 39a.	□ No
	Yes	SKIF to question 338.	b. How many weeks DID this person work, even
	No, outside the city/town limits		for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
	d. Name of county	a. LAST WEEK, was this person on layoff from a job?	50 to 52 weeks
		Yes→ SKIP to question 35c	48 to 49 weeks
	e. Name of U.S. state or foreign country	No	40 to 47 weeks
		b. LAST WEEK, was this person TEMPORARILY	27 to 39 weeks
		absent from a job or business?	14 to 26 weeks
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	13 weeks or less
		question 38	During the PAST 12 MONTHS, in the WEEKS
31	How did this person usually get to work LAST	No → SKIP to question 36	WORKED, how many hours did this person usually work each WEEK?
T	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	c. Has this person been informed that he or she will be recalled to work within the next	Usual hours worked each WEEK
	the box of the one used for most of the distance.	6 months OR been given a date to return to work?	
	Car, truck, or van Motorcycle	Yes → SKIP to question 37	
	Bus or trolley bus Bicycle	No	
	Streetcar or trolley car Walked		
	Subway or elevated Worked at home → SKIP		
	Railroad to question 39a Contract Other method		
	Taxicab		

Person 1	(continued)
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Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 – 46 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. Was this person -Mark (X) ONE box. 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? working WITHOUT PAY in family business or farm? For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box \rightarrow and print the branch of the Armed Forces. Name of company, business, or other employer 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) Is this mainly - Mark (X) ONE box. manufacturing? wholesale trade?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) 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) **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. 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. Yes -> .00 TOTAL AMOUNT for past 12 months b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

☐ Yes → \$, .00 ☐ Loss

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 →	\$	
No	TOTAL AMOUNT for past	Los
	12 months	

d. Social Security or Railroad Retirement.

	Yes →	\$ 00,000.00	
No		TOTAL AMOUNT for past 12 months	

e. Supplemental Security Income (SSI).

Y	∕es →	\$.00
	No .	TOTAL	AMO 12 m	UNT f	for	past

f. Any public assistance or welfare payments from the state or local welfare office.

\		Yes →	\$ 00,000.	.00
<i>\</i>	Ш	No	TOTAL AMOUNT for p	ast

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

☐ Yes →	\$ 000,000.00	
No	TOTAL AMOUNT for past	

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.

Yes →	\$ 000,000.00	
No	TOTAL AMOUNT for past 12 months	

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

enter the a the dollar	nmount and mark (X) the "Loss" box ne. amount.	xt to
OR	\$ 0,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.



other (agriculture, construction, service,

retail trade?

government, etc.)?

Person 2

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...
 - 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		FELEPHONE CLERK	JIC3	JIC4		

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project 0607-0810 and 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(INFO)(2017) (03-14-2016)