

American Community Survey

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

Start Here

You have two ways to respond:



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

OR



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

Your response is required by law.

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



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

¿NECESITA AYUDA? Llame al 1-877-833-5625.

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

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

Last Name

First Name

MI

Area Code + Number

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- 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 2–7 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(INFO)(2024)**

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



<u>Person 1</u>

(Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 5 about name this house or apartment is owned, being bought, Hispanic origin and Question 6 about race. or rented. If there is no such person, start with the name For this survey, Hispanic origins are not races. of any adult living or staying here.) Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Please print today's date. Month Day Year Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Print, What is Person 1's name? for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 🔽 Last Name (Please print) First Name MI What is Person 1's race? Mark (X) one or more boxes **AND** print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. 7 How is this person related to Person 1? X Person 1 Black of African Am. - Print, for example, What is Person 1's sex? Mark (X) ONE box. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. 🗸 Female Male What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do not American Indian or Alaska Native - Print name of enrolled write the age in months. Write 0 as the age. or principal tribe(s), for example, Navajo Nation, Blackfeet Print numbers in boxes. Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Age (in years) Month Day Year of birth Traditional Government, Nome Eskimo Community, etc. 🗸 Chinese Vietnamese Native Hawaiian **Filipino** Korean Samoan Asian Indian Chamorro Japanese Other Pacific Other Asian -Print, for example, Islander - Print, Pakistani, for example, Cambodian, Tongan, Fijian, Hmong, etc. ₽ Marshallese, etc. ~



| What is Person 2's name? Last Name (Please print) First Name MI First Name MI What is person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Biological son or daughter Adopted son or daughter Biological son or daughter Adopted son or daughter Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative What is Person 2's sex? Mark (X) ONE box. Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races For this survey, Hispanic origins are not races Is person 2' Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, Austino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban What is Person 2's race? Mark (X) ONE box. White - Print, for example, German, Irish, English, Italian, Lebaness, Egyptian, etc. White - Print, for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, or print, for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, or print, for example, Pakistani, Tongan, Fijii. Blander - Fight, for example, Pakistani, Tongan, Fijii. Cambodian, Tongan, Fijii. | | 13194030 |
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| What is Person 3's name? Last Name (Please print) First Name MI How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | E: Please answer BOTH Question 5 about anic origin and Question 6 about race. his survey, Hispanic origins are not races rson 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 – Professional P |
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| How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | is Person 3's race? (X) one or more boxes AND print origins. Nhite – Print, for example, German, Irish, English, talian, Lebanese, Egyptian, etc. African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc. |
| Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | (X) one or more boxes AND print origins. Nhite – Print, for example, German, Irish, English, talian, Lebanese, Egyptian, etc. Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc. |
| Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | (X) one or more boxes AND print origins. Nhite – Print, for example, German, Irish, English, talian, Lebanese, Egyptian, etc. Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethicsomali, etc. |
| Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | (X) one or more boxes AND print origins. Nhite – Print, for example, German, Irish, English, talian, Lebanese, Egyptian, etc. Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethicsomali, etc. |
| Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc. |
| Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc. |
| Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc. 7 |
| Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law | African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc. 7 |
| Brother or sister Father or mother Grandchild Parent-in-law | Somali, etc. 7 |
| Father or mother Grandchild Parent-in-law | Σ Σmerican Indian or Alaska Native – <i>Print name of en</i> |
| Grandchild Parent-in-law | Δmerican Indian or Δlaska Native – <i>Print name of enr</i> |
| Parent-in-law | American Indian or Alaska Native – Print name of enr |
| | or principal tribe(s), for example, Navajo Nation, Blac |
| Son-in-law or daughter-in-law | Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, e |
| 0.11 | raditional devermient, wome Estimo community, c |
| Other relative | |
| Roommate or housemate | Chinese Vietnamese Native Haw |
| - Foster Child | Filipino Korean Samoan |
| Other nomerative | Asian Indian Japanese Chamorro |
| What is Person 3's sex? Mark (X) ONE box. | Other Asian – Other Pacif |
| Male Female | Print, for example, Islander – For example, for example, |
| C | Cambodian, Tongan, Fijia |
| date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. | Hmong, etc. ₹ Marshallese, |
| Print numbers in boxes. Age (in years) Month Day Year of birth | |
| | Some other race – Print race or origin. д |
| | |
| | |
| | |



| | | For | panic origin and Question 6 about race. this survey, Hispanic origins are not races. |
|--------------------|---|--------|---|
| | t is Person 4's name? Name (Please print) |) Is P | erson 4 of Hispanic, Latino, or Spanish origin |
| Lastin | value (Flease print) | | No, not of Hispanic, Latino, or Spanish origin |
| | | Щ | Yes, Mexican, Mexican Am., Chicano |
| First N | Name MI | Щ | Yes, Puerto Rican |
| | | Ш | Yes, Cuban |
| How Mark | r is this person related to Person 1? | | Yes, another Hispanic, Latino, or Spanish origin – Prin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. |
| | Opposite-sex husband/wife/spouse | | |
| | Opposite-sex unmarried partner | Wha | at is Person 4's race? |
| | Same-sex husband/wife/spouse | | rk (X) one or more boxes AND print origins. |
| | Same-sex unmarried partner | | White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ⊋ |
| | Biological son or daughter | | |
| | Adopted son or daughter | | |
| | Stepson or stepdaughter | | Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiop |
| | Brother or sister | (F | Somali, etc. 7 |
| | Father or mother | | |
| | Grandchild | | American Indian or Alaska Native – Print name of enro |
| | Parent-in-law |) | or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat |
| | Son-in-law or daughter-in-law | | Traditional Government, Nome Eskimo Community, et |
| | Other relative | | |
| | Roommate or housemate | | |
| | Foster child | Щ | Chinese |
| | Other nonrelative | | Filipino |
| Vha | t is Person 4's sex? Mark (X) ONE box. | | Asian Indian |
| | Male Female | | Other Asian – Other Pacific Print, for example, Pakistani, Cambodian, Other Pacific Islander – Pr for example, Tongan, Fijiar |
| late | t is Person 4's age and what is Person 4's of birth? For babies less than 1 year old, do not the age in months. Write 0 as the age. | | Hmong, etc. Marshallese, e |
| viile | Print numbers in boxes. | | |
| Age (i | in years) Month Day Year of birth | | Some other race – Print race or origin. |
| | | | |
| | | | |



| | 13194063 |
|---|--|
| Pers | son 5 |
| | → NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races |
| What is Person 5's name? | Is Person 5 of Hispanic, Latino, or Spanish origi |
| ast Name (Please print) | No, not of Hispanic, Latino, or Spanish origin |
| | Yes, Mexican, Mexican Am., Chicano |
| First Name MI | Yes, Puerto Rican |
| THE | Yes, Cuban |
| How is this person related to Person 1? Mark (X) ONE box. | Yes, another Hispanic, Latino, or Spanish origin – Pri for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. |
| Opposite-sex husband/wife/spouse | |
| Opposite-sex unmarried partner | 6 What is Person 5's race? |
| Same-sex husband/wife/spouse | Mark (X) one or more boxes AND print origins. |
| Same-sex unmarried partner | White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ⊋ |
| Biological son or daughter | |
| Adopted son or daughter | |
| Stepson or stepdaughter | Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic |
| Brother or sister | Somali, etc. |
| Father or mother | |
| Grandchild | |
| Parent-in-law | American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Navajo Nation, Black |
| Son-in-law or daughter-in-law | Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, e |
| Other relative | |
| Roommate or housemate | |
| Foster child | Chinese Vietnamese Native Haw |
| Other nonrelative | ☐ Filipino ☐ Korean ☐ Samoan |
| | Asian Indian Japanese Chamorro |
| Nhat is Person 5's sex? Mark (X) ONE box. | Other Asian – Other Pacifi Print. for example. Islander – P |
| Male Female | Pakistani, for example, |
| What is Person 5's age and what is Person 5's | Cambodian, Tongan, Fijia Hmong, etc. _▼ Marshallese, |
| date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. | |
| Print numbers in boxes. Age (in years) Month Day Year of birth | |
| Type (iii years) Iviolitii Day real of birth | ☐ Some other race – Print race or origin. |
| | |
| | |
| | |



| through Person 12. We may call yo | e living or staying here, print their names in the spaces for our for more information about them. $_{\overrightarrow{k}}$ | r Person 6 |
|-------------------------------------|--|------------|
| Person 6 Last Name (Please print) | First Name | MI |
| Sex Male Female | Age (in years) | |
| Person 7 Last Name (Please print) | First Name | MI |
| Sex Male Female | Age (in years) | |
| Person 8 Last Name (Please print) | First Name | MI |
| Sex Male Female | Age (in years) | |
| Last Name (Please print) | First Name | MI |
| Sex | Age (in years) | |
| Last Name (Please print) | First Name | MI |
| Sex Male Female | Age (in years) | |
| Person 11 Last Name (Please print) | First Name | MI |
| Sex Male Female | Age (in years) | |
| Person 12 Last Name (Please print) | First Name | MI |
| Sex Male Female | Age (in years) | |

Housing

| Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label. | Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a. |
|---|--|
| Which best describes this building? Include all apartments, flats, etc., even if vacant. A mobile home A one-family house detached from any other house A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments A building with 50 or more apartments | How many acres is this house or mobile home on: Less than 1 acre → SKIP to question 6a 1 to 9.9 acres 10 or more acres IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? None \$1,000 to \$2,499 \$2,500 to \$4,999 |
| Boat, RV, van, etc. About when was this building first built? 2020 or later – Specify year | \$10,000 to \$9,999 \$10,000 or more a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. |
| 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 | INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? |
| ☐ 1950 to 1959 ☐ 1940 to 1949 ☐ 1939 or earlier When did PERSON 1 (listed on page 2) move into | Count as bedrooms those rooms you would list if thi house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0 Number of bedrooms |
| When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home? Month Year | |



Housing (continued)

| have – | Yes | No | ac | cess to the Internet using a | | |
|--|--------------------|---------------|------|---|-------------------|--------------|
| a. hot and cold running water? | | | a. | cellular data plan for a | Yes | No |
| b. a bathtub or shower? | | | | smartphone or other mobile device? | | |
| c. a sink with a faucet? | | | | broadband (high speed) Internet service such as cable, | | |
| d. a stove or range? | | | | fiber optic, or DSL service installed in this household? | | |
| e. a refrigerator? | | | | satellite Internet service installed in this household? | | |
| Can you or any member of this | s house | hold | | dial-up Internet service installed in this household? | | |
| both make and receive phone of this house, apartment, or mobe a linclude calls using cell phones, law other phone devices. | calls w ile hon | hen at ie? | e. | some other service? Specify service | | |
| Yes | | | | A | | |
| No | | | 2 Ho | w many automobiles, vans | and tr | ucks of |
| At this house, apartment, or m | obile h | ome – | us | e-ton capacity or less are ke e by members of this house | ept at n hold? | iome tor |
| do you or any member of this h or use any of the following typ | househ | old own | | None | | |
| or accounty or the reneming typ | Yes | No | | 1 | | |
| a. Desktop or laptop | | | | 2 | | |
| b. Smartphone | | | | 3 | | |
| c. Tablet or other portable wireless computer | | | W. | 4 | | |
| d. Some other type of computer Specify ✓ | | | | 5 6 or more | | |
| | | | | o or more | | |
| | ~ | | | hich FUEL is used MOST for | | g this |
| At this house, apartment, or m | obile | ome – | | use, apartment, or mobile hark (X) one box for the fuel use | | |
| do you or any member of this access to the Internet? | nouseh | old have | | Gas: Natural gas from underg the neighborhood | round p | oipes servin |
| Yes, by paying a cell phone co | mpany | or | | Gas: Bottled or tank (propane | hutane | etc) |
| Internet service provider | | 2001/05 | | Electricity | , batano | ,, 0:0., |
| Yes, without paying a cell pho Internet service provider → Sk | (IP to qu | estion 12 | | Fuel oil, kerosene, etc. | | |
| No access to the Internet at the or mobile home → SKIP to que | | | | Coal or coke | | |
| | | | | Wood | | |
| | | | | Solar energy | | |
| | | | | Other fuel | | |
| | | | | No fuel used | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



Housing (continued)

| Last month's cost – Dollars | Vec NAMe of the street of the |
|--|---|
| | Yes → What is the required monthly homeowners association fee |
| \$.00 | and/or condominium fee? For renters, answer only if you pay |
| OR | the fee in addition to your rent; |
| Included in rent or condominium fee | otherwise, mark the "None" box. Monthly amount – Dollars |
| No charge or electricity not used | |
| LAST MONTH, what was the cost of gas for | \$, .00 .00 OR |
| this house, apartment, or mobile home? | None |
| Last month's cost – Dollars | □ No |
| \$ 0,000 | Is this house, apartment, or mobile home – |
| OR | Mark (X) ONE box. |
| Included in rent or condominium fee | Owned by you or someone in this household with a mortgage or loan? <i>Include home equity loans</i> |
| Included in electricity payment entered above | Owned by you or someone in this household fre |
| No charge or gas not used | and clear (without a mortgage or loan)? |
| IN THE PAST 12 MONTHS, what was the cost | Rented? |
| of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. | Occupied without payment of rent? → SKIP to on the next page |
| Past 12 months' cost – Dollars | |
| \$ 0,000.00 | Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19. |
| OR | Otherwise, Oth to question 13. |
| Included in rent or condominium fee | |
| ☐ No charge | a. What is the monthly rent for this house, apartment, or mobile home? |
| IN THE PAST 12 MONTHS, what was the cost | Monthly amount – Dollars |
| 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. | \$ 00,000.00 |
| Past 12 months' cost – Dollars | b. Does the monthly rent include any meals? |
| \$ 0.00 | Yes |
| OR | □ No |
| Included in rent or condominium fee | |
| | |
| No charge or these fuels not used | |
| THE PAST 12 MONTHS, did you or any ember of this household receive benefits om the Food Stamp Program or SNAP (the upplemental Nutrition Assistance Program)? o NOT include WIC, the School Lunch Program, or esistance from food banks. | |
| Yes | |
| V 0.0 | |



Housing (continued)

| C | Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. | c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property? |
|----|---|---|
| | Otherwise, SKIP to E. | Yes, taxes included in mortgage payment |
| | | No, taxes paid separately or taxes not required |
| 19 | 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 | d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? |
| | 0.000.000 | Yes, insurance included in mortgage payment |
| | \$, | No, insurance paid separately or no insurance |
| 20 | What are the annual real estate taxes on THIS property? | a. Do you or any member of this household have a second mortgage or a home equity loan on |
| | Annual amount – <i>Dollars</i> | THIS property? |
| | \$ | Yes, home equity loan |
| | OR | Yes, second mortgage |
| | None | Yes, second mortgage and home equity loan |
| 2 | Nile of in the common of four five beauty and | No Still to D |
| 41 | What is the annual payment for fire, hazard, and flood insurance on THIS property? | b. How much is the regular monthly payment on all second or junior mortgages and all home |
| | Annual amount – <i>Dollars</i> | equity loans on THIS property? |
| | \$ 000.00 | Monthly amount – Dollars |
| | OR | \$ 00.000 |
| | None | OR |
| 22 | a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? | No regular payment required |
| | Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase | Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E. |
| | No → SKIP to question 23a b. How much is the regular monthly mortgage payment on THIS property? Include payment | What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? |
| | only on FIRST mortgage or contract to purchase. | Exclude real estate taxes. Annual costs – Dollars |
| | Monthly amount – <i>Dollars</i> | |
| | \$.00 | \$ 10,00 |
| | OR | |
| | No regular payment required → SKIP to question 23a | Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions. |
| | | |



Person 1

| Last Name | nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. |
|--|---|
| First Name MI | No, has not attended in the last 3 months → SKIP to question 11 |
| ist Name | Yes, public school, public college |
| | Yes, private school, private college, home sch |
| Where was this person born? | b. What grade or level was this person attendi Mark (X) ONE box. |
| In the United States – Print name of state. | Nursery school, preschool |
| | Kindergarten |
| | Grade 1 through 12 – Specify |
| Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. | grade 1 – 12 |
| | College undergraduate years (freshman to se |
| s this person a citizen of the United States? | Graduate or professional school beyond a |
| Yes, born in the United States → SKIP to question 10a | bachelor's degree (for example: MA or PhD program, or medical or law school) |
| Yes, born in Puerto Rico, Guam, the | What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box. |
| U.S. Virgin Islands, or Northern Marianas | If currently enrolled, mark the previous grade or mighest degree received. |
| Yes, born abroad of U.S. citizen parent or parents | NO SCHOOLING COMPLETED |
| Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization ✓ | No schooling completed |
| | NURSERY OR PRESCHOOL THROUGH GRADE 12 |
| | Nursery school |
| No, not a U.S. citizen | Kindergarten |
| | Grade 1 through 11 − Specify grade 1 − 11 → |
| When did this person come to live in the United States? If this person came to live in the | grade 1 - 11 |
| United States more than once, print latest year. | |
| Year | 12th grade – NO DIPLOMA |
| | HIGH SCHOOL GRADUATE |
| · | Regular high school diploma |
| | GED or alternative credential |
| | COLLEGE OR SOME COLLEGE |
| | Some college credit, but less than 1 year of college credit |
| | 1 or more years of college credit, no degree |
| | Associate's degree (for example: AA, AS) |
| | Bachelor's degree (for example: BA, BS) |
| | AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) |
| | Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) |
| | |



| | a Did this never live in this haves an anautus |
|---|--|
| Answer question 12 if this person has a bachelor's | a. Did this person live in this house or apartment 1 year ago? |
| degree or higher. Otherwise, SKIP to question 13. | Person is under 1 year old → SKIP to question |
| | Yes, this house → SKIP to question 16 |
| 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, organizational psychology) | No, outside the United States and Puerto Ricci Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then S |
| | No, different house in the United States or Puerto Rico |
| | b. Where did this person live 1 year ago? |
| | Address (Number and street name) |
| | |
| Nhat is this person's ancestry or ethnic origin? | |
| | Name of city, town, or post office |
| | |
| For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, | |
| French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so or | |
| | Name of U.S. state or |
| Nigerian, Mexican, Taiwanese, Ukrainian, and so or a. Does this person speak a language other | 1.) |
| n. Does this person speak a language other than English at home? | Name of U.S. state or |
| n. Does this person speak a language other than English at home? Yes | Name of U.S. state or Puerto Rico ZIP Code |
| n. Does this person speak a language other than English at home? | Name of U.S. state or Puerto Rico ZIP Code |
| Nigerian, Mexican, Taiwanese, Ukrainian, and so or the companies. Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? | Name of U.S. state or Puerto Rico ZIP Code Is this person CURRENTLY covered by any of a following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) |
| n. Does this person speak a language other than English at home? Yes No → SKIP to question 15a | Name of U.S. state or Puerto Rico ZIP Code Is this person CURRENTLY covered by any of a following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) |
| n. Does this person speak a language other than English at home? Yes No → SKIP to question 15a Nhat is this language? For example: Korean, Italian, Spanish, Vietnames | Name of U.S. state or Puerto Rico Is this person CURRENTLY covered by any of a following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, |
| Nigerian, Mexican, Taiwanese, Ukrainian, and so or the control of | Name of U.S. state or Puerto Rico Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities |
| Nigerian, Mexican, Taiwanese, Ukrainian, and so or the control of | Name of U.S. state or Puerto Rico Is this person CURRENTLY covered by any of a following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes |
| Nigerian, Mexican, Taiwanese, Ukrainian, and so on the control of | Name of U.S. state or Puerto Rico Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability |
| Nigerian, Mexican, Taiwanese, Ukrainian, and so on the control of | Name of U.S. state or Puerto Rico Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care |
| Nigerian, Mexican, Taiwanese, Ukrainian, and so on the control of | Name of U.S. state or Puerto Rico Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care) |
| Nigerian, Mexican, Taiwanese, Ukrainian, and so on the control of | Name of U.S. state or Puerto Rico Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care |



| G | Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a. | Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19. |
|----|--|---|
| Ð | a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes | 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? Yes No |
| | No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? | What is this person's marital status? Now married |
| | Yes No | ☐ Widowed ☐ Divorced ☐ Separated |
| 3 | a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing | Never married → SKIP to J on the next page 22 In the PAST 12 MONTHS did this person get – Yes No a. Married? |
| | glasses? Yes No | b. Widowed? c. Divorced? How many times has this person been married? |
| 1) | Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19. | Once Two times Three or more times |
| 9 | a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes | In what year did this person last get married? Year |
| | No b. Does this person have serious difficulty walking or climbing stairs? Yes | |
| | No C. Does this person have difficulty dressing or bathing? Yes No | |



| Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a. | Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. | | |
|---|--|--|--|
| | Never served in the military → SKIP to question 30a | | |
| In the DACT 42 MONTHS, her this name or witness | Only on active duty for training in the Reserves or National Guard → SKIP to question 29a | | |
| In the PAST 12 MONTHS, has this person given birth to any children? | Now on active duty | | |
| Yes | On active duty in the past, but not now | | |
| a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? | 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 (Post 9/11) | | |
| YesNo → SKIP to question 27 | August 1990 through August 2001 (including the Persian Gulf War) | | |
| h la this grandnerout currently reconcible for | June 1975 through July 1990 | | |
| b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? | August 1964 through May 1975 (including the Vietnam War) | | |
| | February 1955 through July 1964 | | |
| YesNo → SKIP to question 27 | June 1950 through January 1955 (including the Korean War) | | |
| | January 1947 through May 1950 | | |
| c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild. | December 1941 through December 1946 (including World War II) | | |
| answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. | November 1941 or earlier | | |
| Less than 6 months | a. Does this person have a VA service-connected disability rating? | | |
| 6 to 11 months | Yes (such as 0%, 10%, 20%, , 100%) | | |
| 1 or 2 years | No → SKIP to question 30a | | |
| 3 or 4 years 5 or more years | b. What is this person's service-connected disability rating? | | |
| | 0 percent | | |
| > | 10 or 20 percent | | |
| | 30 or 40 percent | | |
| | 50 or 60 percent | | |
| | 70 percent or higher | | |
| | 70 porcent of might | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



| | | | | 100 | | | |
|----|-----|--|------------------------------------|-----|--|--|--|
| 30 |) a | a. LAST WEEK, did this pers job (or business)? | on work for pay at a | K | Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to | | |
| 1 | | Yes → SKIP to question | 31 | | question 34. | | |
| 1 | | No – Did not work (or re | etired) | | | | |
| 1 | | | or retired/ | | How many people, including this person, | | |
| | k | o. LAST WEEK, did this pers pay, even for as little as o | erson do ANY work for as one hour? | | usually rode to work in the car, truck, or van LAST WEEK? | | |
| 1 | | Yes | | | Person(s) | | |
| | | No → SKIP to question 3 | 36a | | | | |
| 3 | / | 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. | | | LAST WEEK, what time did this person's trip to work usually begin? Hour Minute | | |
| | ŧ | a. Address (Number and str | eet name) | | a.m. p.m. | | |
| | | If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. | | 35 | How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes | | |
| 1 | k | o. Name of city, town, or po | ost office | | Winutes | | |
| 1 | _ | b. Ivalie of City, town, or post office | | | | | |
| 1 | | | | | | | |
| 1 | | | la dha Parita af dhat | | | | |
| 1 | • | c. Is the work location inside the limits of that city or town? | | | Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a. | | |
| 1 | | Yes | | | | | |
| 1 | | | | | | | |
| 1 | | No, outside the city/town | limits | | | | |
| | C | d. Name of county | | 36 | a. LAST WEEK, was this person on layoff from a job? | | |
| 1 | | | | | Yes → SKIP to question 36c | | |
| 1 | | | | | No | | |
| 1 | E | e. Name of U.S. state or for | eign country | | | | |
| | | | | | b. LAST WEEK, was this person TEMPORARILY absent from a job or business? | | |
| 1 | 4 | F. ZIP Code | | | Yes, on vacation, temporary illness, | | |
| 1 | ľ | \\\\ | | | maternity leave, other family/personal reasons, bad weather, etc. → SKIP to | | |
| 1 | | | | | question 39 | | |
| 1 | | | | | No → SKIP to question 37 | | |
| 32 |) i | low did this person usually | get to work LAST | | | | |
| 4 | I | WEEK? Mark (X) ONE box for the method of | | | c. Has this person been informed that he or she | | |
| | | transportation used for most of the distance. | | | will be recalled to work within the next 6 months OR been given a date to return to work? | | |
| 1 | | Car, truck, or van | Taxi or ride-hailing services | | | | |
| | | Bus | Motorcycle | | Yes → SKIP to question 38 | | |
| | | Subway or elevated rail | | | No | | |
| | | | Bicycle | | | | |
| | | Long-distance train or commuter rail | Walked from | | | | |
| | | Light rail, streetcar, or trolley | Worked from home → SKIP | | | | |
| | | Ferryboat | to question 40a | | | | |



| 37 | During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? | Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43. |
|----|--|---|
| | Yes | |
| | No → SKIP to question 39 | DESCRIPTION OF EMPLOYMENT |
| 38 | LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? | The next series of questions is about the type of employment this person had last week. |
| | Yes, could have gone to work | If this person had more than one job, describe the one at which the most hours were worked. If this person |
| | No, because of own temporary illness | did not work last week, describe the most recent employment in the past five years. |
| | No, because of all other reasons (in school, etc.) | a. Which one of the following best describes this person's employment last week or the most |
| 39 | When did this person last work, even for a few days? | recent employment in the past 5 years? Mark (X) ONE box. |
| | Within the past 12 months | PRIVATE SECTOR EMPLOYEE |
| | 1 to 5 years ago → SKIP to M | For-profit company or organization |
| | Over 5 years ago or never worked → SKIP to question 43 | Non-profit organization (including tax-exempt and charitable organizations) |
| 40 | a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count | Local government (for example: city or county school district) |
| | paid vacation, paid sick leave, and military service as work. | State government (including state colleges/universities) |
| | Yes → SKIP to question 41 No | Active duty U.S. Armed Forces or Commissioned Corps |
| | L NO | Federal government civilian employee |
| | b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include | SELF-EMPLOYED OR OTHER |
| | paid time off and include weeks when the person only worked for a few hours. | Owner of non-incorporated business, professional practice, or farm |
| | Weeks | Owner of incorporated business, professional practice, or farm |
| | During the DACT 42 MONTHS: Also MITTING | Worked without pay in a for-profit family business or farm for 15 hours or more per week |
| ٧ | WORKED, how many hours did this person usually work each WEEK? | b. What was the name of this person's employer, business, agency, or branch of the Armed Forces? |
| | Usual hours worked each WEEK | Almoutoroos |
| | | c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction) |
| | | d. Was this mainly – Mark (X) ONE box. |
| | | manufacturing? |
| | | wholesale trade? |
| | | retail trade? |
| | | other (agriculture, construction, service, government, etc.)? |



| e. | What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber) | d. Social Security or Railroad Retirement. |
|--------|--|---|
| | | ☐ Yes → \$.00 |
| | | No TOTAL AMOUNT for past |
| f. | Describe this person's most important activities or duties. (For example: instruct and evaluate students | e. Supplemental Security Income (SSI). |
| | and create lesson plans, assemble and install pipe sections and review building plans for work details) | e. Supplemental Security Income (SSI). |
| | | Yes → \$.00 |
| | | No TOTAL AMOUNT for past 12 months |
| | | f. Any public assistance or welfare payments from the state or local welfare office. |
| ٠. | NCOME IN THE PAST 12 MONTHS | from the state or local welfare office. |
| | Mark (X) the "Yes" box for each type of income this | ☐ Yes → \$.00 |
| р 7 | person received, and give your best estimate of the FOTAL AMOUNT during the PAST 12 MONTHS. | No TOTAL AMOUNT for past 12 months |
| | NOTE: The "past 12 months" is the period from oday's date one year ago up through today.) | g. Retirement income, pensions, survivor or |
| | Mark (X) the "No" box to show types of income | disability income. Include income from a previous employer or union, or any regular withdrawals or |
| - | NOT received. | distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. |
| | f net income was a loss, mark the "Loss" box to the ight of the dollar amount. | Do not include Social Security. |
| F | For income received jointly, report the appropriate hare for each person – or, if that's not possible, | Yes → \$.00 |
| r | eport the whole amount for only one person and nark the "No" box for the other person. | No TOTAL AMOUNT for past 12 months |
| а | . Wages, salary, commissions, bonuses, or tips | h. Any other sources of income received |
| | from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. | 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. |
| | No TOTAL AMOUNT for past | ☐ Yes → \$.00 |
| | NO TOTAL AMOUNT for past 12 months | No TOTAL AMOUNT for past |
| b | o. Self-employment income from own nonfarm businesses or farm businesses, including | 12 months |
| | proprietorships and partnerships. Report | What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to |
| | NET income after business expenses. | 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the |
| | ☐ Yes → \$, | dollar amount. |
| | No TOTAL AMOUNT for past Loss 12 months | □ OR \$ □ □ □ □ |
| C | . Interest, dividends, net rental income, royalty | None TOTAL AMOUNT for past |
| | income, or income from estates and trusts. Report even small amounts credited to an account. | 12 months |
| | □ Yes → \$.00 □ | |
| | No TOTAL AMOUNT for past Loss | |
| | 12 months | Continue with the questions for Person 2 on the |



next page. If no one is listed as Person 2 on page 3,

SKIP to page 48 for mailing instructions.

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 2–7
 - 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.

47199-5240
e above your window of the

| For Census Bureau Use | | | | | | | |
|-----------------------|-------|---------------|------|------|--|--|--|
| POP | EDIT | PHONE | JIC1 | JIC2 | | | |
| EDIT CLER | KK TE | LEPHONE 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, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project" 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)(2024) (05-15-2023)

