



THE American Community Survey

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

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

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



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

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿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/

Please print today's date. Month Day 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. Last Name First Name MI Area Code + Number How many people are living or staying at this address? • **INCLUDE** everyone who is living or staying here for more than 2 months. • **INCLUDE** yourself if you are living here for more than 2 months. • **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less. • **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment. Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is

living or staying at this address for more than 2 months. Then

USCENSUSBUREAU

FORM **ACS-1(INFO)(2010)KFI** (05-14-2009)

complete the rest of the form.

OMB No. 0607-0810



Person 1		Person 2					
	0		Person 2's nan	ne?	First Nam	ne	MI
(Person 1 is the person living or staying here in whose name the or apartment is owned, being bought, or rented. If there is no so	such		i i reace print,				
person, start with the name of any adult living or staying here.)	2	How is t	his person rela	nted to Per	son 1? Ma	rk (X) ONE box.	
What is Person 1's name? Last Name (Please print) First Name How is this person related to Person 1?	MI	Biolo Adop Step Brott Fath	pand or wife ogical son or daugoted son or daugh son or stepdaugh her or sister er or mother	nter		Son-in-law or dau Other relative Roomer or board Housemate or roo Unmarried partner Foster child Other nonrelative	er ommate er
X Person 1			nt-in-law	200-1-12	ONE I		
What is Person 1's sex? Mark (X) ONE box.	9	Male	Person 2's sex	emale	JNE DOX.		
What is Person 1's age and what is Person 1's date of bir Please report babies as age 0 when the child is less than 1 year Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic or Question 6 about race. For this survey, Hispanic origins are Is Person 1 of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Sand so on. And so on. No when the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year of birth Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year Print or part of the child is less than 1 year of birth Print or part of the child is less than 1 year of birth Print or part of the child is less than 1 year of birth Print or part of the child is less than 1 year of birth Print or part of the child is less than 1 year of birth Print or part of the child is less than 1 year of birth Print or part of the child is less than 1 year of birth Print or part of the child is less than 1 year of birth Print or part of the child is	rigin and e not races.	Age (in ye Age (in ye NOTE: Questic Is Persol Yes, Yes, Yes, Arge And	Please answer on 6 about race on 2 of Hispanic not of Hispanic Nexican, Mexican Puerto Rican Cuban another Hispanic entinean, Colombis so on.	r BOTH Que To For this se Latino, or Span Am., Chican , Latino, or S , Latino, or S	estion 5 about the origin for Spanish origin for the panish origin	birth but Hispanic ori anic origins are origin? n – Print origin, for	igin and a not races.
What is Person 1's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or p	rincipal tribe.	White	k, African Am., or	Negro		re boxes. e of enrolled or pr	incipal tribe.
Asian Indian Chinese Korean Guamanian of	or Chamorro : Islander – or example,	Chin Filipi Othe		Kor Vie	vanese [rean [tnamese [Native Hawaii Guamanian o Samoan Other Pacific Print race, for Fijian, Tongar so on.	r Chamorro Islander – r example,
Some other race – Print race.		Som	e other race – <i>Pri</i>	nt race. 🍾			

Person 3	Person 4
1 What is Person 3's name? Last Name (Please print) First Name	MI Last Name (Please print) First Name MI
How is this person related to Person 1? Mark (X) ONE box. Husband or wife	Husband or wife
→ NOTE: Please answer BOTH Question 5 about Hispanic ori Question 6 about race. For this survey, Hispanic origins are Is Person 3 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin, for Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spand so on.	e not races. Person 4 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example,
What is Person 3's race? Mark (X) one of more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or print name of enrolled o	What is Person 4's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.
Asian Indian Chinese Korean Guamanian o Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	or Chamorro Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Classander – Other Asian – Print race, for example, for example, Find the control of the con
Some other race – Print race.	Some other race – Print race.

/hat is Person 5's n	Person	5	If there are more than five peoperint their names in the spaces We may call you for more informa	for Person 6 through Person 12
ast Name (Please print)	Fi	rst Name N		
			Last Name (Please print)	First Name
ow is this nerson r	elated to Person	1? Mark (X) ONE box.	Last Name (Flease print)	riist Name
Husband or wife		Son-in-law or daughter-in-law	aw	
Biological son or d	ughter	Other relative	aw	
Adopted son or da	_	Roomer or boarder	Sex Male Female	Age (in years)
_	•	Housemate or roommate		Age (iii years)
Stepson or stepdau	gnter		Person 7	
☐ Brother or sister		Unmarried partner	Last Name (Please print)	First Name
Father or mother		Foster child		
Grandchild		Other nonrelative		
Parent-in-law				
/hat is Person 5's s	x? Mark (X) ONE	box.	Sex Male Female	Age (in years)
Male	Female		Person 8	
/hat is Person 5's a	ge and what is Po	erson 5's date of birth?	Last Name (Please print)	First Name
lease report babies a	age 0 when the c	hild is less than 1 year old.	Last Name (Flease print)	That Name
ge (in years)	Print numbers in Month Day	boxes. Year of birth		
ge (iii years)	World Day	Teal of bitti		
NOTE: Please ansy	ver BOTH Questio	n 5 about Hispanic origin and	Sex Male Female	Age (in years)
Question 6 about ra	ce. For this surve	y, Hispanic origins are not race	es. Ferson 9	
Person 5 of Hispa	nic, Latino, or Sp	anish origin?	Last Name (Please print)	First Name
No, not of Hispanio	, Latino, or Spanish	origin		
Yes, Mexican, Mex	can Am., Chicano			
Yes, Puerto Rican			×	
Yes, Cuban			Sex Male Female	
Yes, another Hispa	ic, Latino, or Spanis	h origin - Print origin, for example,		Age (in years)
Argentinean, Color and so on. ⊋	nbian, Dominican, Ni	caraguan, Salvadoran, Spaniard,	Person 10	
			Last Name (Please print)	First Name
/hat is Person 5's ra	ce? Mark (X) one	or more boxes.		
White				
Black, African Am.,	or Negro	\Diamond	Sex Male Female	Age (in years)
	-	nt name of enrolled or principal trib	De Z	-9- (,)
	711	2. 2 principal tric	T CIGOTI TT	First Name
			Last Name (Please print)	First Name
Asian Indian	Japanes	e Native Hawaiian		
Chinese	☐ Japanes ☐ Korean	Guamanian or Chamorr		
☐ Filipino	Vietnam		Sex Male Female	Age (in years)
Other Asian – Print for example, Hmor	g,	Other Pacific Islander – Print race, for example,	Person 12	
Laotian, Thai, Pakis Cambodian, and sc	tani,	Fijian, Tongan, and so on. ⊋	Last Name (Please print)	First Name
came datan, and oc	<u>k</u>	50 U K	Last Hamo (Floase print)	IISC NAME
Some other race –	Print race			
	K			
			Sex Male Female	Age (in years)

Housing

7	Please answer the following questions about the house,	Answer questions 4 – 6 if this is a HOUSE	Does this house, apartment, or home have –		
l	apartment, or mobile home at the address on the mailing label.	OR A MOBILE HOME; otherwise, SKIP to question 7a.	a. hot and cold running water?	Yes	No
l	addicate on the manning labor.				
1	Which best describes this building?	4 How many acres is this house or	b. a flush toilet?		
Ī	Include all apartments, flats, etc., even if vacant.	mobile home on?	c. a bathtub or shower?		
l	☐ A mobile home	☐ Less than 1 acre → SKIP to question 6	d. a sink with a faucet?		
l	A non-family house detached from any	1 to 9.9 acres	e. a stove or range?		
l	other house	10 or more acres	f. a refrigerator?		
l	A one-family house attached to one or more houses		g. telephone service from which you can both make		
l	☐ A building with 2 apartments	IN THE PAST 12 MONTHS, what were the actual sales of all agricultural	and receive calls? <i>Include</i> cell phones.		
l	☐ A building with 3 or 4 apartments	products from this property?	Cell phones.		
l	A building with 5 to 9 apartments	None	How many automobiles, vans, a	and tri	ucke
ı	A building with 10 to 19 apartments	□ \$1 to \$999	of one-ton capacity or less are k	cept a	
ı	A building with 20 to 49 apartments	□ \$1,000 to \$2,499	home for use by members of thi household?	is	
ı	A building with 50 or more apartmentsBoat, RV, van, etc.	\$2,500 to \$4,999	None		
ı	Boat, RV, van, etc.	□ \$5,000 to \$9,999	□ None □ 1		
ı		\$10,000 or more			
2	About when was this building first built?		3		
T	2000 or later – Specify year –	6 Is there a business (such as a store or	4		
ı		barber shop or a medical office on this property?	□ 5		
l			☐ 6 or more		
l	1990 to 1999	No			
l	☐ 1980 to 1989		0 Which FUEL is used MOST for h	eatin-	g this
ı	☐ 1970 to 1979	a. How many separate rooms are in this	house, apartment, or mobile ho		
ı	☐ 1960 to 1969	house, apartment, or mobile home?	Gas: from underground pipes	servir	na the
ı	☐ 1950 to 1959	Rooms must be separated by built-in archways or walls that extend out at least	neighborhood		3
ı	1940 to 1949	6 inches and go from floor to ceiling.	Gas: bottled, tank, or LP		
ı	1939 or earlier	INCLUDE bedrooms, kitchens, etc.	☐ Electricity☐ Fuel oil, kerosene, etc.		
ı		EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.	Fuel oil, kerosene, etc.		
3	When did PERSON 1 (listed on page 2)	Number of rooms	Wood		
	move into this house, apartment, or		Solar energy		
ı	mobile home?		Other fuel		
ı	Month Year	b. How many of these rooms are bedrooms?	☐ No fuel used		
ı		Count as bedrooms those rooms you would list if this house, apartment, or mobile home			
		were for sale or rent. If this is an			
		efficiency/studio apartment, print "0".			
		Number of bedrooms			

Housing (continued)

a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars	12 IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card? Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program.
DR Included in rent or condominium fee No charge or electricity not used No charge or electricity not used No charge or electricity not used LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost - Dollars Last month's cost - Dollars OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used No charge or gas not used C. IN THE PAST 12 MONTHS, what was	 Yes No 13 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 OR No OR None OR None OR None
the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge	Is this house, apartment, or mobile home – Mark (X) ONE box Owned by you or someone in this household with a mortgage or loan? Include home equity loans. Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without payment of
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	B Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16. 15 a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount − Dollars \$.00

Housing (continued)

a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase No → SKIP to question 20a	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? Yes, home equity loan Yes, second mortgage Yes, second mortgage and home equity loan No → SKIP to D	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.
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 S OR No regular payment required → SKIP to question 20a	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount – Dollars OR No regular payment required	
c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property? Yes, taxes included in mortgage payment 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	Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to E. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on This mobile home and its site? Exclude real estate taxes. Annual costs – Dollars	
insurance		

	Person 1	A Million Control of the Control of	3
T 1	Please copy the name of Person 1 from page 2, then continue answering questions below. Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12	What is this person's ancestry or ethnic origin? (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
	Where was this person born? In the United States – Print name of state.	 Nursery school Kindergarten Grade 1 through 11 − Specify grade 1 − 11 − 12th grade − NO DIPLOMA 	 Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a b. What is this language?
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?
9	yes, born in the United States → SKIP to 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen Nhen did this person come to live in the United States? Print numbers in boxes. Year 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. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school b. What grade or level was this person attending? Mark (X) ONE box.	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) Doctorate degree (for example: PhD, EdD) Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	Very well Well Not well Not at all
	Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 –		Name of U.S. county or municipio in Puerto Rico
	College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		Name of U.S. state or Puerto Rico ZIP Code



D	
Person 1	continued
I CIOCII I	Continued

6	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	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 the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
ı	Yes No	Because of a physical, mental, or emotional condition, does this person have difficulty	Less than 6 months
ı	a. Insurance through a current or	doing errands alone such as visiting a doctor's	6 to 11 months
ı	person or another family member)	office or shopping?	1 or 2 years
ı	b. Insurance purchased directly from an insurance company (by this	Yes	3 or 4 years
ı	person or another family member)	☐ No	5 or more years
	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	6 Has this person ever served on active duty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now married Widowed Divorced	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.
ı	e. TRICARE or other military health care 🔲 🔲	Separated	Yes, now on active duty
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to	Yes, on active duty during the last 12 months, but not now
	g. Indian Health Service	In the PAST 12 MONTHS did this person get- Yes No	Yes, on active duty in the past, but not during the last 12 months
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?	No, training for Reserves or National Guard only → SKIP to question 28a
		b. Widowed?	No, never served in the military → SKIP to question 29a
	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 glasses? Yes No	Once Two times Three or more times In what year did this person last get married? Year Answer question 24 if this person is	period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961
G	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12. a. Because of a physical, mental, or emotional	female and 15 – 50 years old. Otherwise, SKIP to question 25a. Has this person given birth to any children in	Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
	condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes 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 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 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes	 a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a 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
	L No	No → SKIP to question 26	

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



Person 1 (continued)	5 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary,	d. Social Security or Railroad Retirement.
Answer questions 41 – 46 if this person	accountant)	☐ Yes → \$.00
worked in the past 5 years. Otherwise, SKIP to question 47.		No TOTAL AMOUNT for past 12 months
ACTIVITY. Describe clearly this person's chief	6 What were this person's most important activities or duties? (For example: patient care,	e. Supplemental Security Income (SSI).
job activity or business last week. If this person had more than one job, describe the one at	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	☐ Yes → \$.00
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.		No TOTAL AMOUNT for past 12 months
Was this person – Mark (X) ONE box.	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	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.	☐ Yes → \$.00
an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	TOTAL AMOUNT for past 12 months
a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	
□ a Federal GOVERNMENT employee?□ SELF-EMPLOYED in own NOT INCORPORATED	For income received jointly, report the appropriate	Yes → \$.00
business, professional practice, or farm?	share for each person – or, if that's not possible, report the whole amount for only one person and	TOTAL AMOUNT for past 12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	h. Any other sources of income received
working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips 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
For whom did this person work?		such as money from an inheritance or the sale of a home.
If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	TOTAL AMOUNT for past	☐ Yes → \$.00
Name of company, business, or other employer	12 months	No TOTAL AMOUNT for past
	b. Self-employment income from own nonfarm	12 months
	businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a
What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail	☐ Yes → \$.00 ☐	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.
order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss 12 months	None OR \$.00
14 Is this mainly – Mark (X) ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited	TOTAL AMOUNT for past 12 months
manufacturing?	to an account.	
wholesale trade?	☐ Yes → \$.00 ☐	
retail trade?	No TOTAL AMOUNT for past Loss	
other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 12 months	
		Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 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, 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.

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 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" 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(INFO)(2010)KFI (05-14-2009)