PLEASE DO NOT FILL OUT THIS FORM. This is not an official census form. It is for informational purposes only.

Census 2000

U.S. Department of Commerce • Bureau of the Census



This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs — today and in the future!

	, 7, 9		mat it needs — today and in the future:
5	Start Here Please use a black or blue pen.	4.	What is Person 1's telephone number? We may call this person if we don't understand an answer.
1.	How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?		Area Code + Number
	Number of people	5.	What is Person 1's sex? Mark X ONE box.
	INCLUDE in this number:foster children, roomers, or housemates		Male Female
	 people staying here on April 1, 2000 who have no other permanent place to stay people living here most of the time while working, even if they have another place to live 	6.	What is Person 1's age and what is Person 1's date of birth? Age on April 1, 2000
	 DO NOT INCLUDE in this number: college students living away while attending college people in a correctional facility, nursing home, or mental hospital on April 1, 2000 Armed Forces personnel living somewhere else 		Print numbers in boxes Month Day Year of birth
	people who live or stay at another place most of the time	→	NOTE: Please answer BOTH Questions 7 and 8.
2.	Is this house, apartment, or mobile home — Mark X ONE box.	7.	Is Person 1 Spanish/Hispanic/Latino? Mark 🗷 the "No" box if not Spanish/Hispanic/Latino.
	Owned by you or someone in this household with a mortgage or loan?		No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group. ✓
	Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented for cash rent?		
2	Occupied without payment of cash rent?	8.	What is Person 1's race? <i>Mark</i> X one or more races to indicate what this person considers himself/herself to be.
3.	Please answer the following questions for each person living in this house, apartment, or mobile home. Start with the name of one of the people living here who owns, is buying, or rents this		 White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.
	house, apartment, or mobile home. If there is no such person, start with any adult living or staying here. We will refer to this person as Person 1.		
	What is this person's name? Print name below.		Asian Indian Japanese Native Hawaiian
	Last Name		Chinese
	First Name MI		Other Asian — Print race. Other Pacific Islander — Print race.
			Some other race — <i>Print race</i> .
			Some other lace — I fill lace.

→ If more people live here, continue with Person 2.

Form D-61A

OMB No. 0607-0856: Approval Expires 12/31/2000

Census information he Your answers are important! Every person in the Census counts Person 2 Person 3 1. What is Person 3's name? Print name below. 1. What is Person 2's name? Print name below. Last Name Last Name MI First Name First Name MI 2. How is this person related to Person 1? Mark X ONE box. 2. How is this person related to Person 1? Mark 🗷 ONE box. Husband/wife If NOT RELATED to Person 1: If NOT RELATED to Person 1: Husband/wife Natural-born son/daughter Natural-born son/daughter Roomer, boarder Roomer, boarder Adopted son/daughter Adopted son/daughter Housemate, roommate Housemate, roommate Stepson/stepdaughter Stepson/stepdaughter Unmarried partner Unmarried partner Brother/sister Brother/sister Foster child Foster child Father/mother Father/mother Other nonrelative Other nonrelative Grandchild Grandchild Parent-in-law Parent-in-law Son-in-law/daughter-in-law Son-in-law/daughter-in-law Other relative — Print Other relative — Print exact relationship. exact relationship. 3. What is this person's sex? Mark X ONE box. 3. What is this person's sex? Mark X ONE box. Male Male Female Female 4. What is this person's age and what is this person's date 4. What is this person's age and what is this person's date of birth? Print numbers in boxes. of birth? Print numbers in boxes. Year of birth Age on April 1, 2000 Month Day Year of birth Age on April 2000 Month Day NOTE: Please answer BOTH Questions 5 and 6. NOTE: Please answer BOTH Questions 5 and 6. 5. Is this person Spanish/Hispanic/Latino? Mark 🗷 the 5. Is this person Spanish/Hispanic/Latino? Mark 🗷 the "No" box if not Spanish/Hispanic/Latino. "No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Puerto Rican No, not Spanish/Hispanic/Latino Yes, Puerto Rican Yes, Mexican, Mexican Am., Chicano Yes, Cuban Yes, Mexican, Mexican Am., Chicano Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group. ablaYes, other Spanish/Hispanic/Latino — Print group. abla6. What is this person's race? Mark \(\mathbb{X}\) one or more races to **6.** What is this person's race? Mark X one or more races to indicate what this person considers himself/herself to be. indicate what this person considers himself/herself to be. White Black, African Am., or Negro Black, African Am., or Negro 🔟 American Indian or Alaska Native — Print name of enrolled or principal tribe. 굳 American Indian or Alaska Native — Print name of enrolled or principal tribe. ablaAsian Indian Japanese Native Hawaiian Asian Indian Native Hawaiian Japanese Chinese Korean Guamanian or Chamorro Chinese Korean Guamanian or Chamorro Samoan Filipino Vietnamese Filipino Vietnamese Samoan Other Asian — Print race. ablaOther Pacific Islander — Print race. Other Asian — Print race. Other Pacific Islander — Print race.

Some other race — Print race.

If more people live here, continue with Person 3.

If more people live here, continue with Person 4.

Some other race — Print race.

Person 4

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

First Name MI	
First Name MI	
How is this person related to Person 1? Mark 🗴 ONE	
Husband/wife If NOT RELATED to Person Natural-born son/daughter Roomer hoarder	on 1:
Natural-born son/daugnter Roomer, boarder Housemate, roommate)
Stepson/stepdaughter Unmarried partner	
Brother/sister Foster child	
Father/mother Other nonrelative	
Parent-in-law	
Son-in-law/daughter-in-law	
Other relative — Print exact relationship.	
What is this person's sex? Mark 🗷 ONE box.	
Male Female	
What is this person's age and what is this person's d	late
of birth? Print numbers in boxes. Age on April 1, 2000 Month Day Year of birth	
Age on April 1, 2000 Month Day Year of birth	
NOTE: Please answer BOTH Questions 5 and 6.	
Is this person Spanish/Hispanic/Latino? Mark **Ithe "No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Puerto Rican	
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If more people live here, continue with Person 5.

Person 5

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

1. What is Person 5's name? Print name below. Last Name First Name MI 2. How is this person related to Person 1? Mark X ONE box. Husband/wife If NOT RELATED to Person 1: Natural-born son/daughter Roomer, boarder Adopted son/daughter Housemate, roommate Stepson/stepdaughter Unmarried partner Brother/sister Foster child Father/mother Other nonrelative Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship. 3. What is this person's sex? Mark 🗷 ONE box. Male Female 4. What is this person's age and what is this person's date Print numbers in boxes. of birth? Age on April 1, 2000 Month Dav Year of birth NOTE: Please answer BOTH Questions 5 and 6. 5. Is this person Spanish/Hispanic/Latino? Mark 🗷 the "No" box if not Spanish/Hispanic/Latino. Yes, Puerto Rican No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group. 7 **6.** What is this person's race? Mark 🗵 one or more races to indicate what this person considers himself/herself to be. ☐ White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. ablaAsian Indian Native Hawaiian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian — Print race. Other Pacific Islander — Print race. 🗸

If more people live here, continue with Person 6.

Some other race — Print race.



Asian Indian Japanese Native Hawaiian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan		Person 6 for the future for the futu
First Name How is this person related to Person 1? Mark ONE box. Husband/wife	ı.	
How is this person related to Person 1? Mark ☑ ONE box. Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship. What is this person's sex? Mark ☑ ONE box. Male Female What is this person's age and what is this person's date of birth? NOTE: Please answer BOTH Questions 5 and 6. Is this person Spanish/Hispanic/Latino? Mark ☑ the "No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican Yes, Mexican, Mexican Am., Chicano ☐ Yes, Cuban Yes, other Spanish/Hispanic/Latino ☐ Yes, Cuban Yes, other Spanish/Hispanic/Latino ☐ Print group. ☑ What is this person's race? Mark ☒ one or more races to indicate what this person considers himself/herself to be. White Black, African Am., or Negro American Indian ☐ Japanese ☐ Native Hawaiian Chinese ☐ Korean ☐ Guamanian or Chamorro Filipino ☐ Vietnamese ☐ Samoan Other Asian — Print race. ☑ Other Pacific Islander — Print race.		Last Ivalie
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Your answers help

Please turn to go to last page.

Persons 7 - 12

If you didn't have room to list everyone who lives in this house or apartment, please list the others below. You may be contacted by the Census Bureau for the same information about these people.

First Name)									MI
Person 8	3 —	Last	Nam	ne						
First Name	Э									MI
Person 9	9 —	Last	Nam	ne						
										1
First Name	Э									MH
								K	1	
						1				
								V		
Person '	10 –	- Las	t Na	ıme))		11/2	, ,		
Person '	10 –	- Las	t Na	ime				.~		
Person '		- Las	t Na	ime						MI
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Person 7	111 —	- Las	t Na	nme						
Person 7	111 —	- Las	t Na	nme						MI

The Census Bureau estimates that, for the average household, this form will take about 10 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

Thank you for completing your official U.S. Census 2000 form.

The "Informational Copy" shows the content of the United States Census 2000 "short" form guestionnaire. Each household will receive either a short form (100-percent questions) or a long form (100-percent and sample questions). The short form questionnaire contains 6 population questions and 1 housing question. On average, about 5 in every 6 households will receive the short form. The content of the forms resulted from reviewing the 1990 census data, consulting with federal and non-federal data users, and conducting tests.

For additional information about Census 2000, visit our website at **www.census.gov** or write to the Director, Bureau of the Census, Washington, DC 20233.

A. JIC1	B. JIC2	C. JIC3	D. JIC4		



If you need help completing this form, call 1-800-XXX-XXXX between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

TDD — Telephone display device for the hearing impaired. Call 1-800-XXX-XXXX between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

¿NECESITA AYUDA? Si usted necesita ayuda para completar este cuestionario llame al 1-800-XXX-XXXX entre las 8:00 a.m. y las 9:00 p.m., 7 días a la semana. La llamada telefónica es gratis.

Census 2000

This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs — today and in the future!

Start Here

Please use a black or blue pen.



How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?



Number of people

INCLUDE in this number:

- foster children, roomers, or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while working, even if they have another place to live

DO NOT INCLUDE in this number:

- college students living away while attending college
- people in a correctional facility, nursing home, or mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time
- Please turn the page and print the names of all the people living or staying here on April 1, 2000.



If you need help completing this form, call 1-800-471-9424 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

TDD – Telephone display device for the hearing impaired. Call 1–800–582–8330 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

¿NECESITA AYUDA? Si usted necesita ayuda para completar este cuestionario llame al 1–800-471–8642 entre las 8:00 a.m. y las 9:00 p.m., 7 días a la semana. La llamada telefónica es gratis.

The Census Bureau estimates that, for the average household, this form will take about 38 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

List of Persons

Please be sure you answered question 1 on the front page before continuing. Please print the names of all the people who you and an additional page of the people who you had been discarded in question 1 were living or staying here	First Name MI
Please print the names of all the people who you	First Name MI
lease print the names of all the people who you	
on April 1, 2000.	
Example — Last Name	Person 7 — Last Name
JOHNSON I	
irst Name MI	First Name MI
ROBIN J	
itart with the person, or one of the people living nere who owns, is buying, or rents this house, partment, or mobile home. If there is no such person, start with any adult living or staying here.	Person 8 — Last Name First Name MI
Person 1 — Last Name	THIST IVANIC
irst Name MI	Person 9 — Last Name
	First Name MI
Person 2 — Last Name	
irst Name MI	Person 10 — Last Name
iist ivairie	
	First Name MI
Person 3 — Last Name	THIST IVANIC
irst Name MI	Person 11 — Last Name
	First Name MI
Person 4 — Last Name	
irst Name MI	Person 12 — Last Name
	First Name MI
Person 5 — Last Name	
irst Name MI	Next, answer questions about Person 1.
	4 months 4 months 1 months
	FOR OFFICE USE ONLY
	A. JIC1 B. JIC2 C. JIC3 D. JIC4

Person





Your answers are important! Every person in the Census counts.

	What is this person's name? Print the name of
4	Person 1 from page 2.
	Last Name
	First Name MI
2	What is this person's telephone number? We may contact this person if we don't understand an answer. Area Code + Number
	What is this person's sex? Mark (X) ONE box. Male Female
4	What is this person's age and what is this person's date of birth?
	Age on April 1, 2000
	Print numbers in boxes.
	Month Day Year of birth
	NOTE: Please answer BOTH Questions 5 and 6.
5	Is this person Spanish/Hispanic/Latino? Mark X the "No" box if not Spanish/Hispanic/Latino.
	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban
	Yes, other Spanish/Hispanic/Latino — <i>Print group.</i>

6	mo	at is re ra	ace.	s to	inc	lica									5	
		Wh Blac	ite ck, <i>i</i> eric	۹fri an	can India	Am an c	or A	lask	a N	ativ	⁄e —	– Pr	int i	nam	ne	
		of e	enro	ollec	or	prir	ncip	al tr	ibe.	~						
	00000	Asia Chi Filip Japa Kor Viet Oth	nese sino ane: ean anar	e se mes	e	– Pr	int	race			Guar Char Gamo	mar mor oan er Pa der	acifi	or	1	
		Son	ne c	othe	er ra	ce -	F	Print	rac	e.	7					
7	000	Nov Wic Divo Sep Nev	v m low orce arat	arri ed ed ted	ied	ion'	's n	nari	tal	sta	tus	?				
8	per Incl kind	ds to No,	att onl arte a a h has	tend by no en, o high s no ublid	ded urse elen sch ot at	reg	gula cho tary l dip dec l, pi	ar sold of scholon I sinublic	cho r pi ool, na c ce F	resc , ar or a Febi lleg	or c hoc nd so coll ruar	olle ol, cho lege	e ge oling e de	? g w gree	hich)

8 b. What grade or level was this person attending?	11 a. Does this person speak a language other than
Mark X ONE box.	English at home?
Nursery school, preschool	Yes
Kindergarten	\bigcirc No \rightarrow Skip to 12
Grade 1 to grade 4	b. What is this language?
Grade 5 to grade 8 Grade 9 to grade 12	
College undergraduate years (freshman to senior)	(For example: Korean, Italian, Spanish, Vietnamese)
Graduate or professional school (for example: medical,	
dental, or law school)	c. How well does this person speak English? Very well
9 What is the highest degree or level of school	Well Well
this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest	Not well
degree received.	Not at all
☐ No schooling completed	12 Where was this person born?
Nursery school to 4th grade	☐ In the United States — <i>Print name of state</i> .
5th grade or 6th grade	
7th grade or 8th grade 9th grade	
10th grade	Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.
11th grade	
12th grade, NO DIPLOMA	
HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	Is this person a CITIZEN of the United States?
Some college credit, but less than 1 year	Yes, born in the United States \rightarrow <i>Skip to 15a</i>
1 or more years of college, no degree	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
Associate degree (for example: AA, AS)	Yes, born abroad of American parent or parents
Bachelor's degree (for example: BA, AB, BS)	Yes, a U.S. citizen by naturalization
Master's degree (for example: MA, MS, MEng, MEd,	No, not a citizen of the United States
MSW, MBA) Professional degree (for example: MD, DDS, DVM,	14 When did this person come to live in the
LLB, JD)	United States? Print numbers in boxes.
Doctorate degree (for example: PhD, EdD)	Year
What is this person's ancestry or ethnic origin?	
	15 a. Did this person live in this house or apartment
	5 years ago (on April 1, 1995)?
(For expense) Italian Innaign African Am. Cambadian	\square Person is under 5 years old \rightarrow <i>Skip to 33</i>
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian,	Yes, this house \rightarrow <i>Skip to 16</i>
Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below;
raiwanese, oktainan, and so on.)	then skip to 16.
	No, different house in the United States

15	b. Where did this person live 5 years ago)?	19	a. Does this person have any of his/her own				
	Name of city, town, or post office			grandchildren under the age of 18 living in this house or apartment?				
				Yes				
	Did this person live inside the limits of the	ne		 No → Skip to 20a b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) 				
	city or town?							
	Yes No, outside the city/town limits			under the age of 18 who live(s) in this house or apartment?				
	Name of county			Yes				
				\bigcup No \rightarrow Skip to 20a				
	Name of state			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				
	ZIP Code			the question for the grandchild for whom the grandparent has been responsible for the longest period of time.				
				Less than 6 months				
				6 to 11 months				
16	Does this person have any of the followi long-lasting conditions:	ing		1 or 2 years				
	long-lasting conditions:	Yes	No	3 or 4 years 5 years or more				
	a. Blindness, deafness, or a severe vision or hearing impairment?		20	,				
	b. A condition that substantially limits		_ 20	the U.S. Armed Forces, military Reserves, or				
	one or more basic physical activities			National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include				
	such as walking, climbing stairs, reaching, lifting, or carrying?			activation, for example, for the Persian Gulf War.				
				Yes, now on active duty				
17	Because of a physical, mental, or emotion condition lasting 6 months or more, does	nal		Yes, on active duty in past, but not now				
	this person have any difficulty in doing a			\bigcup No, training for Reserves or National Guard only \rightarrow <i>Skip to 21</i>				
	the following activities:	Yes	No	\square No, never served in the military \rightarrow <i>Skip to 21</i>				
	a. Learning, remembering, or			b. When did this person serve on active duty				
	concentrating?			in the U.S. Armed Forces? Mark 🗶 a box for EACH period in which this person served.				
	b. Dressing, bathing, or getting around inside the home?			April 1995 or later				
	c. (Answer if this person is 16 YEARS OLD			August 1990 to March 1995 (including Persian Gulf War)				
	OR OVER.) Going outside the home alone to shop or visit a doctor's office?			September 1980 to July 1990				
	d. (Answer if this person is 16 YEARS OLD			May 1975 to August 1980				
	OR OVER.) Working at a job or business?			Vietnam era (August 1964—April 1975)				
10	Was this person under 15 years of age o	n		February 1955 to July 1964				
18	April 1, 2000?	! !		✓ Korean conflict (June 1950—January 1955)✓ World War II (September 1940—July 1947)				
	\bigcirc Yes \rightarrow Skip to 33			Some other time				
	No			c. In total, how many years of active-duty military				
				service has this person had?				
				Less than 2 years				
				2 years or more				

21	LAST WEEK, did this person do ANY work for either pay or profit? Mark the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → Skip to 25a	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Drove alone 2 people
23	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) (If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.) b. Name of city, town, or post office c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code a. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (x) the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Motorcycle Bicycle Walked	3 people 4 people 5 or 6 people 7 or more people 9 a.m. p.m. p.m. p.m. b. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes Minutes
		1994 or earlier, or never worked \rightarrow <i>Skip to 31</i>

	Manufel And Manufel
 Industry or Employer — 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 the information for his/her last job or business since 1995. a. For whom did this person work? If now on active duty in the Armed Forces, mark ★ this box → and print the branch of the Armed Forces. 	Was this person — Mark → ONE box. □ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions □ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization □ Local GOVERNMENT employee (city, county, etc.) □ State GOVERNMENT employee
Name of company, business, or other employer	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
b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank) c. Is this mainly — Mark X ONE box. Manufacturing? Wholesale trade? Retail trade?	 a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks C. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
Other (agriculture, construction, service, government, etc.)? Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant,	income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark X the "No" box if the income source was not received. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate.
b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items. Yes Annual amount — Dollars No b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses. Yes Annual amount — Dollars No

Yes Annual amount — <i>Dollars</i>	33 Is this house, apartment, or mobile home —
¢	Owned by you or someone in this household with a
No Loss	mortgage or loan?
JINO	Owned by you or someone in this household free and clear (without a mortgage or loan)?
. Social Security or Railroad Retirement	Rented for cash rent?
Yes Annual amount — <i>Dollars</i>	Occupied without payment of cash rent?
\$, .00	Which best describes this building? Include all apartments, flats, etc., even if vacant.
J No	A mobile home
Condemnated Condition (CCI)	A none-family house detached from any other house
. Supplemental Security Income (SSI)	A one-family house attached to one or more houses
Yes Annual amount — <i>Dollars</i>	A building with 2 apartments
\$	A building with 3 or 4 apartments
) No	A building with 5 to 9 apartments
	A building with 10 to 19 apartments
Any public assistance or welfare payments	A building with 20 to 49 apartments
om the state or local welfare office	A building with 50 or more apartments
Yes Annual amount — <i>Dollars</i>	Boat, RV, van, etc.
\$, .00	About when was this building first built?
) No	1999 or 2000
	1995 to 1998
. Retirement, survivor, or disability pensions — o NOT include Social Security.	1990 to 1994
,	1990 to 1994
Yes Annual amount — <i>Dollars</i>	1970 to 1979
\$, .00	1960 to 1969
) No	1950 to 1959
	1930 to 1939
. Any other sources of income received regularly	1939 or earlier
uch as Veterans' (VA) payments, unemployment	1939 of earlier
ompensation, child support, or alimony — Do NOT aclude lump-sum payments such as money from an	36 When did this person move into this house,
heritance or sale of a home.	apartment, or mobile home?
Yes Annual amount — <i>Dollars</i>	1999 or 2000
\$	1995 to 1998
5	1990 to 1994
J No	1980 to 1989
/hat was this person's total income in 1999? Add	1970 to 1979
ntries in questions 31a—31h; subtract any losse <u>s.</u> If net	1969 or earlier
rcome was a loss, enter the amount and mark 🗶 the	37 How many rooms do you have in this house,
Loss" box next to the dollar amount.	apartment, or mobile home? Do NOT count bathroom.
Annual amount — Dollars	porches, balconies, foyers, halls, or half-rooms.
None OR \$.00 \ Loss	1 room 6 rooms
D NOTICE OIL LOSS	2 rooms 7 rooms
	3 rooms 8 rooms
	4 rooms 9 or more rooms
	5 rooms

38	How many bedrooms do you have; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent? No bedroom bedroom bedroom bedrooms bedrooms bedrooms for sale or rent?	44	Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 45. a. Is there a business (such as a store or barber shop) or a medical office on this property? Yes No b. How many acres is this house or mobile home on? Less than 1 acre → Skip to 45 1 to 9.9 acres
39	Do you have COMPLETE plumbing facilities in this house, apartment, or mobile home; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower? Yes, have all three facilities No		 ∴ In 1999, what were the actual sales of all agricultural products from this property? ∴ None ∴ \$2,500 to \$4,999 ∴ \$1 to \$999 ∴ \$5,000 to \$9,999 ∴ \$1,000 to \$2,499 ∴ \$10,000 or more
40	house, apartment, or mobile home; that is, 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator?	45	What are the annual costs of utilities and fuels for this house, apartment, or mobile home? If you have lived here less than 1 year, estimate the annual cost.
	Yes, have all three facilities No		a. Electricity Annual cost — Dollars
			. I I I I I I I I I I I I I I I I I I I
41	Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?		OR OR
	Yes		Included in rent or in condominium fee
	□ No		No charge or electricity not used
	Which FUEL is used MOST for beating this have		b. Gas
42	Which FUEL is used MOST for heating this house, apartment, or mobile home?		Annual cost — <i>Dollars</i>
	Gas: from underground pipes serving the neighborhood		\$.00 OR
	Gas: bottled, tank, or LP		☐ Included in rent or in condominium fee
	Electricity		No charge or gas not used
	Fuel oil, kerosene, etc.		c. Water and sewer
	☐ Coal or coke ☐ Wood		Annual cost — <i>Dollars</i>
	Solar energy		\$, .00
	Other fuel		OR
	☐ No fuel used		☐ Included in rent or in condominium fee
	the many translation and the dead		☐ No charge
43	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use		d. Oil, coal, kerosene, wood, etc.
	by members of your household?		Annual cost — <i>Dollars</i>
	None		\$
	U 1		OR
			Included in rent or in condominium fee
	□ 3 □ 4		No charge or these fuels not used
	□ 5		
	6 or more		

46	Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 47.	49	What were the real estate year?	e taxes on THIS property last
	a. What is the monthly rent?		Yearly amount — Dollars	
	Monthly amount — Dollars		\$. .00	
	\$, .00		OR	
	b. Does the monthly rent include any meals?		None	
	Yes	50	What was the annual pay	ment for fire, hazard.
	No		and flood insurance on Ti	HIS property?
47	Answer questions 47a—53 if you or someone		Annual amount — <i>Dollars</i>	
	in this household owns or is buying this house, apartment, or mobile home; otherwise, skip to questions for Person 2.		\$, .00 OR	
	a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?		None	
	Yes, mortgage, deed of trust, or similar debt	51	What is the value of this	
	Yes, contract to purchase	Ţ	how much do you think t apartment, or mobile hor	
	\bigcirc No \rightarrow Skip to 48a		for if it were for sale?	ne and lot would sen
	b. How much is your regular monthly mortgage		Less than \$10,000	\$90,000 to \$99,999
	payment on THIS property? Include payment only on		\$10,000 to \$14,999	\$100,000 to \$124,999
	first mortgage or contract to purchase.		☐ \$15,000 to \$19,999	\$125,000 to \$149,999
	Monthly amount — Dollars		\$20,000 to \$24,999	S150,000 to \$174,999
	\$, .00		25,000 to \$29,999	S175,000 to \$199,999
	OR		\$30,000 to \$34,999	\$200,000 to \$249,999
	\bigcirc No regular payment required \rightarrow <i>Skip to 48a</i>		\$35,000 to \$39,999	\$250,000 to \$299,999
	c. Does your regular monthly mortgage payment		\$40,000 to \$49,999	\$300,000 to \$399,999
	include payments for real estate taxes on THIS		\$50,000 to \$59,999	\$400,000 to \$499,999
	property?		\$60,000 to \$69,999	\$500,000 to \$749,999
	Yes, taxes included in mortgage payment		\$70,000 to \$79,999	\$750,000 to \$999,999
	No, taxes paid separately or taxes not required		\$80,000 to \$89,999	\$1,000,000 or more
	d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?	52	Answer ONLY if this is a G	
	Yes, insurance included in mortgage payment		Monthly amount — Dollars	
	No, insurance paid separately or no insurance		\$, .00	
48	 a. Do you have a second mortgage or a home equity loan on THIS property? Mark all boxes that apply. Yes, a second mortgage Yes, a home equity loan No → Skip to 49 b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount — Dollars \$.00 	53	Answer ONLY if this is a I a. Do you have an installing on THIS mobile home? Yes No b. What was the total cospayments, personal proper registration fees, and lice home and its site last year Yearly amount — Dollars 1.00	ment loan or contract of for installment loan erty taxes, site rent, nse fees on THIS mobile
	☐ No regular payment required	•	Are there more people live continue with Person 2.	ving here? If yes,

Person





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

	for roads, hospitals, schools and more.		Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban
			Yes, other Spanish/Hispanic/Latino — Print group. 🗾
1	What is this person's name? Print the name of Person 2 from page 2.		
	Last Name		
	First Name MI	mc	nat is this person's race? Mark (X) one or ore races to indicate what this person considers inself/herself to be.
			White
2	Mark 🗷 ONE box.		Black, African Am., or Negro American Indian or Alaska Native — <i>Print name of enrolled or principal tribe</i> . ▼
	Husband/wifeNatural-born son/daughterAdopted son/daughter		
	Stepson/stepdaughter		
	☐ Brother/sister ☐ Father/mother		Asian Indian Native Hawaiian
	Grandchild		Chinese Guamanian or Chamorro
	Parent-in-law		Japanese U Samoan
	Son-in-law/daughter-in-law Other relative — <i>Print exact relationship.</i>		Korean Vietnamese Other Pacific Islander — Print race
	other relative ** ** ** ** ** ** ** ** ** ** ** ** **		Other Asian — Print race.
	If NOT RELATED to Person 1:		
	Roomer, boarder		
	☐ Housemate, roommate☐ Unmarried partner		Some other race — Print race.
	Foster child		
	Other nonrelative		
3	What is this person's sex? Mark (X) ONE box.		
	Male Female	Wł	nat is this person's marital status?
	What is this person's age and what is this person's		Now married Widowed
	date of birth?		Divorced
	Age on April 1, 2000		Separated Never married
			never married
	Print numbers in boxes. Month Day Year of birth		
	Month Day Teal of Diftil		

NOTE: Please answer BOTH Questions 5 and 6.

No, not Spanish/Hispanic/Latino

Is this person Spanish/Hispanic/Latino? *Mark X* the "No" box if not Spanish/Hispanic/Latino.

9	a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9 Yes, public school, public college Yes, private school, private college b. What grade or level was this person attending? Mark (x) ONE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school) What is the highest degree or level of school this person has COMPLETED? Mark (x) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade 11th grade 11th grade 11th grade 11th grade 12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: AA, AS) Bachelor's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) What is this person's ancestry or ethnic origin?	a. Does this person speak a language other than English at home? Yes
10	LLB, JD) Doctorate degree (for example: PhD, EdD)	No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.

b. Where did this person live 5 years ag Name of city, town, or post office	go?	19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
			Yes
Did this person live inside the limits of	the		\square No \rightarrow Skip to 20a
city or town? Yes			b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren)
No, outside the city/town limits Name of county			under the age of 18 who live(s) in this house or apartment?
			\square Yes \square No \rightarrow Skip to 20a
Name of state			c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is
ZIP Code			financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
			Less than 6 months
			☐ 6 to 11 months
Does this person have any of the follow long-lasting conditions:	wing		1 or 2 years 3 or 4 years
-	Yes	No	5 years or more
a. Blindness, deafness, or a severe vision or hearing impairment?		20	a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?			National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
			Yes, now on active duty
Because of a physical, mental, or emoti condition lasting 6 months or more, do	es		 Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 21
this person have any difficulty in doing the following activities:	any o		No, never served in the military \rightarrow <i>Skip to 21</i>
a. Learning, remembering, or	Yes	No	b. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for
concentrating?			EACH period in which this person served.
b. Dressing, bathing, or getting around inside the home?			April 1995 or later
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home			August 1990 to March 1995 (including Persian Gulf War September 1980 to July 1990
alone to shop or visit a doctor's office?			May 1975 to August 1980
d. (Answer if this person is 16 YEARS OLD			Vietnam era (August 1964—April 1975)
OR OVER.) Working at a job or business?			February 1955 to July 1964
			Korean conflict (June 1950—January 1955)
Was this person under 15 years of age April 1, 2000?	on		World War II (September 1940—July 1947)
$ Yes \rightarrow Skip \ to \ 33 $			Some other time
□ No			c. In total, how many years of active-duty military service has this person had?
			Less than 2 years
			2 years or more

21	LAST WEEK, did this person do ANY work for either pay or profit? Mark (x) the "Yes" box even if the	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a.
	person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.	b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
	Yes	Drove alone
	\bigcirc No \rightarrow Skip to 25a	2 people
22	At what location did this person work LAST	3 people
T	WEEK? If this person worked at more than one location,	4 people
	print where he or she worked most last week.	5 or 6 people
	a. Address (Number and street name)	7 or more people
		a. What time did this person usually leave home to go to work LAST WEEK?
	(If the exact address is not known, give a description of the location such as the building name or the nearest	a.m. p.m.
	street or intersection.)	b. How many minutes did it usually take this person to get from home to work LAST WEEK?
	b. Name of city, town, or post office	Minutes
	c. Is the work location inside the limits of that	
	city or town?	Answer questions 25–26 for persons who did not
	Yes	work for pay or profit last week. Others skip to 27.
	No, outside the city/town limits 2:	a. LAST WEEK, was this person on layoff from
	d. Name of county	a job?
		Yes \rightarrow <i>Skip to 25c</i> No
	e. Name of U.S. state or foreign country	b. LAST WEEK, was this person TEMPORARILY
		absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow <i>Skip to 26</i>
		\bigcup No \rightarrow Skip to 25d
23	a. How did this person usually get to work LAST WEEK? If this person usually used more than one method	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	of transportation during the trip, mark (x) the box of the one used for most of the distance.	\bigcirc Yes \rightarrow <i>Skip to 25e</i>
	Car, truck, or van	□ No
	Bus or trolley bus Streetcar or trolley car	d. Has this person been looking for work during the last 4 weeks?
	Subway or elevated	Yes
	Railroad	\bigcap No \rightarrow Skip to 26
	Ferryboat Taxicab	e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Motorcycle	Yes, could have gone to work
	Bicycle	No, because of own temporary illness
	Walked	No, because of all other reasons (in school, etc.)
	Worked at home → Skip to 27 Other method	When did this person last work, even for a few days?
		1995 to 2000
		\bigcirc 1994 or earlier, or never worked \rightarrow <i>Skip to 31</i>
		,

Manufacturing? Wholesale trade? Gesting 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 start week, give the information for his/her last job or business since 1995. a. For whom did this person work? If now on active duly in the Armed Forces, mark ☑ this box → and print the branch of the Armed Forces. Name of company, business, or other employer State GOVERNMENT State GOVERNMENT State GOVERNMENT Stat	PROFIT company or or wages, salary, or FOR-PROFIT, tax-exempt, se (city, county, etc.) se yee INCORPORATED se, or farm proper or farm mily business or farm erson work at a job serson work at a job serson work in 1999? Eve, and military service. "Yes" box for each 9 and enter the total maximum of \$999,999. Se source was not enter the amount and dollar amount. It, if possible, the in otherwise, report erson and mark in the exact amount is nate. It, bonuses, or tips before deductions for solutions. If exact amount is nate. In bonuses, or tips before deductions for solutions. It is possible, the in otherwise, report erson and mark in the maximum of solutions. It is possible, the in otherwise, report erson and mark in the maximum of solutions. It is possible, the in otherwise, report erson and mark in the maximum of solutions. It is possible, the in otherwise, report erson and mark in the maximum of solutions. It is possible, the in otherwise, report erson and mark in the maximum of solutions. It is possible, the in otherwise, report erson and mark in the maximum of solutions. It is possible, the in otherwise, report erson and mark in the maximum of solutions. It is possible, the in otherwise, report erson and mark in the maximum of solutions.
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3	income, ceven small Yes No d. Social	st, dividends, net rental income, royalty or income from estates and trusts — Report III amounts credited to an account. Annual amount — Dollars Security or Railroad Retirement Annual amount — Dollars	Information about children helps you community plan for child care, education and recreation.	r or
l	☐ Yes			
l	☐ No	\$, .00		
		emental Security Income (SSI)	What is this person's name? Print the name of Person 3 from page 2.	
	Yes	Annual amount — <i>Dollars</i>	Last Name	
l		\$		
l	☐ No	, , , , , , , , , , , , , , , , , , ,	First Name	MI
	f. Any pu from the	ublic assistance or welfare payments state or local welfare office		
l	Yes	Annual amount — <i>Dollars</i>	How is this person related to Person 1?	
l	_	\$, .00	Mark (X) ONE box. Husband/wife	
	☐ No		Natural-born son/daughter	
l	g. Retire	ment, survivor, or disability pensions — nclude Social Security.	Adopted son/daughter	
	Yes	Annual amount — Dollars	Stepson/stepdaughter	
l		\$.00	Brother/sister Father/mother	
	☐ No	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Grandchild	
	such as V compens include lu	ther sources of income received regularly /eterans' (VA) payments, unemployment eation, child support, or alimony — Do NOT emp-sum payments such as money from an the or sale of a home.	Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship.	
	☐ Yes	Annual amount — Dollars	If NOT RELATED to Person 1:	
l		\$, .00	Roomer, boarder	
	☐ No		Housemate, roommate	
32	What wa	as this person's total income in 1999? Add	Unmarried partner	
I	entries in income w	questions 31a—31h; subtract any losses. If net as a loss, enter the amount and mark (X) the	Foster child Other nonrelative	
	"Loss" bo	x next to the dollar amount.		
		Annual amount — Dollars	What is this person's sex? Mark (X) ONE box.	
	☐ None	OR \$, .00 \(\text{Loss} \)	☐ Male ☐ Female	
3		e more people living here? If yes, with Person 3.	What is this person's age and what is this person's date of birth?	
			Age on April 1, 2000	
			Print numbers in boxes.	
			Month Day Year of birth	

MI

Is this person Spanish/ the "No" box if not Spa No, not Spanish/Hisp Yes, Mexican, Mexica Yes, Puerto Rican Yes, Cuban	anic/Latino	Mark (X) ONE box. Nursery school, preschool
What is this person's ramore races to indicate whimself/herself to be. White Black, African Am., o	rhat this person considers	 Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school)
American Indian or A of enrolled or princip Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — Print in the second of the princip of the second of th	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race. Face. Trint race.	What is the highest degree or level of school this person has COMPLETED? Mark (**) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade 10th grade 11th grade 12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: BA, AB, BS) Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) 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, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

1 a. Does this person speak a language other than	b. Where did this person live 5 years ago?
English at home?	Name of city, town, or post office
Yes	
\bigcup No \rightarrow Skip to 12	
b. What is this language?	Did this person live inside the limits of the city or town?
(For example: Korean, Italian, Spanish, Vietnamese)	Yes No, outside the city/town limits
c. How well does this person speak English?	Name of county
Very well Well	
Not well	Name of state
Not at all	
Where was this person born?	ZIP Code
☐ In the United States — Print name of state.	
	6 Does this person have any of the following
Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.	long-lasting conditions: Yes No
	a. Blindness, deafness, or a severe vision or hearing impairment?
Is this person a CITIZEN of the United States?	b. A condition that substantially limits
\square Yes, born in the United States \rightarrow <i>Skip to 15a</i>	one or more basic physical activities
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	such as walking, climbing stairs, reaching, lifting, or carrying?
Yes, born abroad of American parent or parents	Because of a physical, mental, or emotional
Yes, a U.S. citizen by naturalization No, not a citizen of the United States	condition lasting 6 months or more, does this person have any difficulty in doing any of
4 When did this person come to live in the	the following activities: Yes No
United States? Print numbers in boxes.	a. Learning, remembering, or
Year	concentrating?
	b. Dressing, bathing, or getting around inside the home?
a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?
Person is under 5 years old \rightarrow <i>Skip to 33</i> Yes, this house \rightarrow <i>Skip to 16</i>	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
No, outside the United States — Print name of	
foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.	Was this person under 15 years of age on
	April 1, 2000?
	Yes \rightarrow <i>Skip to 33</i> No
No, different house in the United States	

19	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → Skip to 20a 	LAST WEEK, did this person do ANY work for either pay or profit? Mark X the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.
	 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes No → Skip to 20a c. How long has this grandparent been responsible 	Yes No → Skip to 25a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)
20	for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 years or more a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 21 No, never served in the military → Skip to 21 b. When did this person serve on active duty in the U.S. Armed Forces? Mark 🗓 a box for EACH period in which this person served.	(If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.) b. Name of city, town, or post office c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code
	April 1995 or later August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964—April 1975) February 1955 to July 1964 Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) Some other time c. In total, how many years of active-duty military service has this person had? Less than 2 years 2 years or more	 WEEK? If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Motorcycle Bicycle Walked Worked at home → Skip to 27 Other method

23	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	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 the information for his/her last job or business since 1995.
	Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people	a. For whom did this person work? If now on active duty in the Armed Forces, mark ★ this box → and print the branch of the Armed Forces. Name of company, business, or other employer
24	a. What time did this person usually leave home to go to work LAST WEEK?	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)
25	Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27. a. LAST WEEK, was this person on layoff from a job?	
	 Yes → Skip to 25c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 26 No → Skip to 25d c. Has this person been informed that he or she will be recalled to work within the next 6 months 	c. Is this mainly — Mark (X) ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)
	OR been given a date to return to work? ☐ Yes → Skip to 25e ☐ No d. Has this person been looking for work during	supervisor of order department, auto mechanic, accountanty
	the last 4 weeks? Yes No → Skip to 26 e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)
26	 When did this person last work, even for a few days? ☐ 1995 to 2000 ☐ 1994 or earlier, or never worked → Skip to 31 	

29	Was this person — Mark ✗ ONE box. ☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account. Yes Annual amount — Dollars
	Employee of a PRIVATE NOT-FOR-PROFIT,	¢
	tax-exempt, or charitable organization Local GOVERNMENT employee (city, county, etc.)	□ No
	State GOVERNMENT employee	
	Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED	d. Social Security or Railroad Retirement
	business, professional practice, or farm	☐ Yes Annual amount — <i>Dollars</i>
	SELF-EMPLOYED in own INCORPORATED business,	\$, .00
	professional practice, or farm Working WITHOUT PAY in family business or farm	□ No
30	a. LAST YEAR, 1999, did this person work at a	e. Supplemental Security Income (SSI)
	job or business at any time?	Yes Annual amount — <i>Dollars</i>
	Yes No \rightarrow Skip to 31	\$, .00
	b. How many weeks did this person work in 1999?	□ No
	Count paid vacation, paid sick leave, and military service. Weeks	f. Any public assistance or welfare payments from the state or local welfare office
		Yes Annual amount — <i>Dollars</i>
	c. During the weeks WORKED in 1999, how many	\$, .00
	hours did this person usually work each WEEK? Usual hours worked each WEEK	☐ No
		g. Retirement, survivor, or disability pensions — <i>Do NOT include Social Security.</i>
31		Yes Annual amount — <i>Dollars</i>
	income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999.	\$, .00
	Mark (X) the "No" box if the income source was not received. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.	□ No
	For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is	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 sale of a home.
	not known, please give best estimate.	Yes Annual amount — <i>Dollars</i>
	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.	\$, .00
	Yes Annual amount — Dollars	
	\$	What was this person's total income in 1999? Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark (x) the "Loss" box next to the dollar amount.
	b. Self-employment income from own nonfarm	Annual amount — Dollars
	businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.	□ None OR \$.00 □ Loss
	Yes Annual amount — <i>Dollars</i>	Are there more people living here? If yes,
	\$, .00	continue with Person 4.
	□ No	

Person





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

Las	t Name	ē								
Firs	t Name	5							١	ΛI
Ma	Husba Natur. Adopi Stepso Brothe Father Grand Paren Son-ir Other	ONE band/wal-born ted so on/steer/sister/moth lchild t-in-law/	ox. ife n son n/dau pdau er ner w daug	/dau ughte ghtei hter-	ghter er r					
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5	Is t	his p	ersc x if	n Sp	ani Span	sh/ nish <i>i</i>	His /His	pan pan	i c/ ic/l	Lat _atir	ino 10.	? M	lark	X	the
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		Som	e otl	ner ra	ace -	— F	Print	rac	e. 🛚	7					
7	Wh	at is	this	per	son	's n	nari	tal	sta	tus	?				
	000	Now Wide Divo Sepa Neve	owe rced arate	d d	I										

8	a. At any time since February 1, 2000, has this	a. Does this person speak a language other than
Ī	person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary	English at home?
	school, and schooling which leads to a high school	Yes
	diploma or a college degree.	\bigcup No \rightarrow <i>Skip to 12</i>
	\bigcirc No, has not attended since February 1 \rightarrow <i>Skip to</i> 9	b. What is this language?
	Yes, public school, public college	
	Yes, private school, private college	(For example, Karaan, Italian, Chaniah, Viatnamasa)
	b. What grade or level was this person attending?	(For example: Korean, Italian, Spanish, Vietnamese)
	Mark (X) ONE box.	c. How well does this person speak English?
	Nursery school, preschool	☐ Very well
	☐ Kindergarten	Well
	Grade 1 to grade 4	U Not well □
	Grade 5 to grade 8	☐ Not at all
	Grade 9 to grade 12	Where was this person born?
	College undergraduate years (freshman to senior)	☐ In the United States — <i>Print name of state.</i>
	Graduate or professional school (for example: medical, dental, or law school)	
	medical, dental, of law schooly	Outside the United States Print name of ferring
9	What is the highest degree or level of school	Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.
	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or	
	highest degree received.	
	No schooling completed	Is this person a CITIZEN of the United States?
	Nursery school to 4th grade	\square Yes, born in the United States \rightarrow <i>Skip to 15a</i>
	5th grade or 6th grade	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands,
	7th grade or 8th grade	or Northern Marianas
	9th grade	Yes, born abroad of American parent or parents
	10th grade	Yes, a U.S. citizen by naturalization
	11th grade	☐ No, not a citizen of the United States
	12th grade, NO DIPLOMA	4 When did this person come to live in the
	HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	United States? Print numbers in boxes.
	Some college credit, but less than 1 year	Year
	1 or more years of college, no degree	
	Associate degree (for example: AA, AS)	5 a. Did this person live in this house or apartment
	Bachelor's degree (for example: BA, AB, BS)	5 years ago (on April 1, 1995)?
	Master's degree (for example: MA, MS, MEng,	\square Person is under 5 years old \rightarrow <i>Skip to 33</i>
	MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM,	$\bigcirc \text{ Yes, this house} \rightarrow \textit{Skip to 16}$
	LLB, JD)	No, outside the United States — <i>Print name of</i>
	Doctorate degree (for example: PhD, EdD)	foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
10	What is this person's ancestry or ethnic origin?	
		No, different house in the United States
		C 110, different flouse in the officer states
	(For example: Italian, Jamaican, African Am., Cambodian,	
	Cape Verdean, Norwegian, Dominican, French Canadian,	
	Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	
	raivvallese, Oktaililail, alla 30 Oll.)	



15	b. Where did this person live 5 years ag	jo?	19 a. Do	es this person have any of his/her own
Ī	Name of city, town, or post office			dchildren under the age of 18 living in this e or apartment?
				•
	Did this person live inside the limits of	the		o → Skip to 20a
	city or town?		b. Is t	his grandparent currently responsible for
	Yes		most	of the basic needs of any grandchild(ren)
	No, outside the city/town limits			r the age of 18 who live(s) in this house artment?
	Name of county		O Y	25
				o → Skip to 20a
	Name of state		c. Ho	w long has this grandparent been responsible
			for th	e(se) grandchild(ren)? If the grandparent is ially responsible for more than one grandchild, answer
	ZIP Code		the qu	uestion for the grandchild for whom the grandparent
			I —	een responsible for the longest period of time.
				ess than 6 months
				to 11 months or 2 years
16	Does this person have any of the follow	ving		or 4 years
	long-lasting conditions:	Yes No		years or more
	a. Blindness, deafness, or a severe			•
	vision or hearing impairment?			s this person ever served on active duty in .S. Armed Forces, military Reserves, or
	b. A condition that substantially limits		Natio	nal Guard? Active duty does not include training e Reserves or National Guard, but DOES include
	one or more basic physical activities such as walking, climbing stairs,			tion, for example, for the Persian Gulf War.
	reaching, lifting, or carrying?		□ Y	es, now on active duty
			Y	es, on active duty in past, but not now
17	Because of a physical, mental, or emoti	onal	O N	o, training for Reserves or National
	condition lasting 6 months or more, do this person have any difficulty in doing		1 —	uard only \rightarrow <i>Skip to 21</i> o, never served in the military \rightarrow <i>Skip to 21</i>
	the following activities:	any or		nen did this person serve on active duty
	a. Learning, remembering, or	Yes No	in the	U.S. Armed Forces? Mark 🗶 a box for
	concentrating?			period in which this person served.
	b. Dressing, bathing, or getting around			pril 1995 or later
	inside the home?		$ \ \ \ \ \ \ \ \ $	ugust 1990 to March 1995 (including Persian Gulf War)
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home			eptember 1980 to July 1990
	alone to shop or visit a doctor's office?			lay 1975 to August 1980 etnam era (August 1964—April 1975)
	d. (Answer if this person is 16 YEARS OLD			etriam era (August 1964—April 1975) Ebruary 1955 to July 1964
	OR OVER.) Working at a job or business?			prean conflict (June 1950—January 1955)
			1 —	/orld War II (September 1940—July 1947)
18	Was this person under 15 years of age April 1, 2000?	on		ome other time
	Yes \rightarrow <i>Skip to 33</i>			total, how many years of active-duty military te has this person had?
	No			ess than 2 years
				years or more

21	LAST WEEK, did this person do ANY work for either pay or profit? Mark (x) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. 23 b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
22	 No → Skip to 25a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) 	Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people a. What time did this person usually leave home to go to work LAST WEEK?
	(If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.) b. Name of city, town, or post office	b. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27. 25 a. LAST WEEK, was this person on layoff from
	d. Name of county e. Name of U.S. state or foreign country	a job? ☐ Yes → Skip to 25c ☐ No b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
2		 Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 26 No → Skip to 25d Last this person been informed that he or she will be recalled to work within the next 6 months
	WEEK? If this person usually used more than one method of transportation during the trip, mark ★ the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Motorcycle Bicycle Walked Worked at home → Skip to 27	OR been given a date to return to work? ☐ Yes → Skip to 25e ☐ No d. Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → Skip to 26 e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? ☐ Yes, could have gone to work ☐ No, because of own temporary illness ☐ No, because of all other reasons (in school, etc.) When did this person last work, even for a
	Other method	few days? ☐ 1995 to 2000 ☐ 1994 or earlier, or never worked → <i>Skip to 31</i>

,	Industry or Employer — Describe clearly this person's	Was this person — Mark X ONE box.
4/	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	Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or
	business last week, give the information for his/her last job or business since 1995.	commissions Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt,
	a. For whom did this person work? <i>If now on active duty in the Armed Forces, mark</i> (X) <i>this box</i> \to	or charitable organization Local GOVERNMENT employee (city, county, etc.) State GOVERNMENT employee
	and print the branch of the Armed Forces. Name of company, business, or other employer	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
	h What kind of husiness or industry, uses this?	a. LAST YEAR, 1999, did this person work at a job or business at any time?
	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)	Yes $ \bigcirc \text{ No} \rightarrow \text{Skip to } 31 $
		b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks
		c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?
	c. Is this mainly — Mark 🗷 ONE box.	Usual hours worked each WEEK
	Manufacturing?	
	☐ Wholesale trade?	INCOME IN 4000 And A ROUGH INVANIA IN CONTRACT
	Retail trade?	INCOME IN 1999 — Mark (X) the "Yes" box for each income source received during 1999 and enter the total
	Other (agriculture, construction, service, government, etc.)?	amount received during 1999 to a maximum of \$999,999. Mark 🗷 the "No" box if the income source was not received. If net income was a loss, enter the amount and
28	Occupation	mark X the "Loss" box next to the dollar amount.
	a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)	For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark
		the "No" box for the other person. If exact amount is not known, please give best estimate.
		a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.
		Yes Annual amount — Dollars
	b. What were this person's most important	\$.00
	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing	□ No
	automobiles, reconciling financial records)	b. Self-employment income from own nonfarm
		businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.
		Yes Annual amount — Dollars
		\$.00 \ Loss
		L INO

3	income, d	st, dividends, net rental income, royalty or income from estates and trusts — Report II amounts credited to an account. Annual amount — Dollars S Loss	Person Your answers help
	d Social	Security or Railroad Retirement	your community
	Yes	Annual amount — Dollars	plan for the future.
	<u> </u>		
	☐ No	\$, .00	A what is the consistency at 20 is the consistency of
			What is this person's name? Print the name of Person 5 from page 2.
	_ · · ·	emental Security Income (SSI)	Last Name
	☐ Yes	Annual amount — <i>Dollars</i>	
		\$, .00	First Name
	☐ No		
	f. Any pu	ublic assistance or welfare payments	
	Yes	state or local welfare office Annual amount — <i>Dollars</i>	How is this person related to Person 1? Mark (X) ONE box.
	U res		Husband/wife
	<u> </u>	\$, .00	Natural-born son/daughter
	☐ No		Adopted son/daughter
	g. Retire	ment, survivor, or disability pensions — nclude Social Security.	Stepson/stepdaughter
	O Yes	Annual amount — <i>Dollars</i>	Brother/sister
	U Tes		Father/mother
		\$, .00	Grandchild Parent-in-law
	∪ No		Son-in-law/daughter-in-law
	h. Any of	ther sources of income received regularly /eterans' (VA) payments, unemployment	Other relative — <i>Print exact relationship</i> .
	compens	ration, child support, or alimony — Do NOT imp-sum payments such as money from an	
	inheritanc	te or sale of a home.	If NOT RELATED to Person 1:
	☐ Yes	Annual amount — <i>Dollars</i>	Roomer, boarder
		\$, .00	Housemate, roommate
	☐ No		Unmarried partner
3	What wa	as this person's total income in 1999? Add	Foster child
٩	entries in	questions 31a—31h; subtract any losses. If net	Other nonrelative
	"Loss" bo	as a loss, enter the amount and mark 🔀 the x next to the dollar amount.	3 What is this person's sex? Mark X ONE box.
		Annual amount — <i>Dollars</i>	Male
	None	OR \$	☐ Female
31		e more people living here? If yes,	What is this person's age and what is this person's date of birth?
1		with Person 5.	Age on April 1, 2000
			Print numbers in boxes.
			Month Day Year of birth
1			

 MI

NOTE: Please answer BOTH Questions 5 and 6. Is this person Spanish/Hispanic/Latino? Mark (X) the "No" box if not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican	 a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 9 Yes, public school, public college
Yes, Cuban Yes, other Spanish/Hispanic/Latino — Print group. What is this person's race? Mark (x) one or more races to indicate what this person considers himself/herself to be.	 Yes, private school, private college b. What grade or level was this person attending? Mark NONE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)
 White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.	Graduate or professional school (for example: medical, dental, or law school) 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.
Asian Indian Chinese Guamanian or Chamorro Samoan Japanese Korean Vietnamese Other Asian — Print race.	No schooling completed Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade 10th grade 11th grade 12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
☐ Some other race — Print race. ☐ Some other race — Print race.	Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) Bachelor's degree (for example: BA, AB, BS) Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM,
What is this person's marital status? Now married Widowed Divorced Separated Never married	LLB, JD) Doctorate degree (for example: PhD, EdD) 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, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

b. Where did this person live 5 years ago?
Name of city, town, or post office
Did this person live inside the limits of the
city or town?
Yes
No, outside the city/town limits
Name of county
Name of state
ZIP Code
Does this person have any of the following long-lasting conditions:
Yes N
a. Blindness, deafness, or a severe vision or hearing impairment?
b. A condition that substantially limits
one or more basic physical activities
such as walking, climbing stairs, reaching, lifting, or carrying?
7 Because of a physical, mental, or emotional
condition lasting 6 months or more, does this person have any difficulty in doing any of
the following activities:
Yes N a. Learning, remembering, or
concentrating?
b. Dressing, bathing, or getting around inside the home?
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?
d. (Answer if this person is 16 YEARS OLD
OR OVER.) Working at a job or business?
Was this person under 15 years of age on April 1, 2000?
$\bigcirc \text{ Yes} \rightarrow \text{Skip to } 33$
□ No

1	 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 20a 	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.
2	grandchildren under the age of 18 living in this house or apartment? Yes No → Skip to 20a b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes No → Skip to 20a c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 years or more a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 21 No, never served in the military → Skip to 21 b. 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. April 1995 or later August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964—April 1975) February 1955 to July 1964 Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) Some other time c. In total, how many years of active-duty military service has this person had?	either pay or profit? Mark (★) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → Skip to 25a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) (If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.) b. Name of city, town, or post office c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code a. How did this person usually get to work LAST WEEK? If this person usually used more than one method
	Less than 2 years 2 years or more	 Walked Worked at home → Skip to 27 Other method

23	If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a. b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Drove alone 2 people 3 people 4 people 5 or 6 people	 Industry or Employer — 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 the information for his/her last job or business since 1995. a. For whom did this person work? If now on active duty in the Armed Forces, mark ✗ this box → and print the branch of the Armed Forces. Name of company, business, or other employer
24	a. What time did this person usually leave home to go to work LAST WEEK? a.m. p.m. b. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes	b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)
2 5	Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27. a. LAST WEEK, was this person on layoff from a job?	
	Yes → Skip to 25c No No No No No No No No No N	c. Is this mainly — Mark (X) ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Occupation
	 No → Skip to 25d c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? Yes → Skip to 25e No 	a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)
	d. Has this person been looking for work during the last 4 weeks? Yes No → Skip to 26 e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)
26	When did this person last work, even for a few days? ☐ 1995 to 2000 ☐ 1994 or earlier, or never worked → Skip to 31	

29	Was this person — Mark 🗶 ONE box.	c. Interest, dividends, net rental income, royalty
	Employee of a PRIVATE-FOR-PROFIT company or	income, or income from estates and trusts — Report even small amounts credited to an account.
	business or of an individual, for wages, salary, or commissions	Yes Annual amount — Dollars
	Employee of a PRIVATE NOT-FOR-PROFIT,	
	tax-exempt, or charitable organization	\$.00 \ \tag{Loss}
	Local GOVERNMENT employee (city, county, etc.)	No
	State GOVERNMENT employee	discrete for the constitution of participation and
	Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED	d. Social Security or Railroad Retirement
	business, professional practice, or farm	Yes Annual amount — <i>Dollars</i>
	SELF-EMPLOYED in own INCORPORATED business,	\$, .00
	professional practice, or farm	□ No
1	Working WITHOUT PAY in family business or farm	
30	a. LAST YEAR, 1999, did this person work at a	e. Supplemental Security Income (SSI)
T	job or business at any time?	Yes Annual amount — <i>Dollars</i>
	Yes	\$.00
	\bigcup No \rightarrow Skip to 31	□ No
	b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service.	
	Weeks	f. Any public assistance or welfare payments from the state or local welfare office
		Yes Annual amount — <i>Dollars</i>
	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?	
	Usual hours worked each WEEK	☐ No
		g. Retirement, survivor, or disability pensions — Do NOT include Social Security.
31	INCOME IN 1999 — Mark 🗷 the "Yes" box for each	Yes Annual amount — <i>Dollars</i>
T	income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999.	\$.00
	Mark (X) the "No" box if the income source was not	
	received. If net income was a loss, enter the amount and mark (x) the "Loss" box next to the dollar amount.	U No
	Thank (*) the Loss box hext to the dollar amount.	h. Any other sources of income received regularly
	For income received jointly, report, if possible, the	such as Veterans' (VA) payments, unemployment
	appropriate share for each person; otherwise, report the whole amount for only one person and mark X	compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an
	the "No" box for the other person. If exact amount is	inheritance or sale of a home.
	not known, please give best estimate.	Yes Annual amount — <i>Dollars</i>
	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for	\$.00
	taxes, bonds, dues, or other items.	□ No
	Yes Annual amount — <i>Dollars</i>	<u> </u>
	\$	What was this person's total income in 1999? Add
	□ No	entries in questions 31a—31h; subtract any losses. If net
		income was a loss, enter the amount and mark 🗶 the "Loss" box next to the dollar amount.
	b. Self-employment income from own nonfarm businesses or farm businesses, including	Annual amount — <i>Dollars</i>
	proprietorships and partnerships — Report NET	
	income after business expenses.	□ None OR \$.00 □ Loss
	Yes Annual amount — Dollars	Anna Abana mana manala linda di kana 217
	\$	Are there more people living here? If yes, continue with Person 6.
	□ No	
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Housing information helps your community plan for police and fire protection.

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8	a. At any time since February 1, 2000, has this person attended regular school or college? Include	a. Does this person speak a language other than English at home?
	only nursery school or preschool, kindergarten, elementary	Yes
	school, and schooling which leads to a high school diploma or a college degree.	$\bigcirc \text{No} \rightarrow \text{Skip to } 12$
	\bigcirc No, has not attended since February 1 \rightarrow <i>Skip to</i> 9	b. What is this language?
	Yes, public school, public college	
	Yes, private school, private college	(For example: Korean, Italian, Spanish, Vietnamese)
	b. What grade or level was this person attending?	s. How well does this newson sneet English?
	Mark (X) ONE box.	c. How well does this person speak English?
	Nursery school, preschool	Very well
	Kindergarten	Well
	Grade 1 to grade 4	Not well
	Grade 5 to grade 8	Not at all
	Grade 9 to grade 12	12 Where was this person born?
	College undergraduate years (freshman to senior)	In the United States — Print name of state.
	Graduate or professional school (for example: medical, dental, or law school)	
9	What is the highest degree or level of school	Outside the United States — Print name of foreign
\top	this person has COMPLETED? Mark X ONE box.	country, or Puerto Rico, Guam, etc.
	If currently enrolled, mark the previous grade or highest degree received.	
	No schooling completed	13 Is this person a CITIZEN of the United States?
	Nursery school to 4th grade	Yes, born in the United States \rightarrow Skip to 15a
	5th grade or 6th grade	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands,
	7th grade or 8th grade	or Northern Marianas
	9th grade	Yes, born abroad of American parent or parents
	10th grade	Yes, a U.S. citizen by naturalization
	11th grade	No, not a citizen of the United States
	12th grade, NO DIPLOMA	
	HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	When did this person come to live in the United States? Print numbers in boxes.
	Some college credit, but less than 1 year	Year
	1 or more years of college, no degree	
	Associate degree (for example: AA, AS)	
	Bachelor's degree (for example: BA, AB, BS)	a. Did this person live in this house or apartment
	Master's degree (for example: MA, MS, MEng,	5 years ago (on April 1, 1995)?
	MEd, MSW, MBA)	Person is under 5 years old \rightarrow <i>Skip to 33</i>
	Professional degree (for example: MD, DDS, DVM,	Yes, this house \rightarrow <i>Skip to 16</i>
	LLB, JD) Doctorate degree (for example: PhD, EdD)	No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below;
	Doctorate degree (for example, 1115, 205)	then skip to 16.
10	What is this person's ancestry or ethnic origin?	
		No, different house in the United States
	(For example: Italian, Jamaican, African Am., Cambodian,	
	Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	

b. Where did this person live 5 years ag Name of city, town, or post office	go?	19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
			Yes
Did this person live inside the limits of	the cit	у	\bigcirc No \rightarrow Skip to 20a
or town? Yes No, outside the city/town limits			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?
Name of county			Yes
			\square No \rightarrow Skip to 20a
Name of state ZIP Code			c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent
			has been responsible for the longest period of time.
			Less than 6 months
	_		6 to 11 months
Does this person have any of the follow long-lasting conditions:	wing		1 or 2 years
	Yes	No	3 or 4 years
a. Blindness, deafness, or a severe vision or hearing impairment?			5 years or morea. Has this person ever served on active duty in
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?			the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty
			Yes, now on active duty Yes, on active duty in past, but not now
Because of a physical, mental, or emoti condition lasting 6 months or more, do this person have any difficulty in doing	es	f	No, training for Reserves or National Guard only \rightarrow <i>Skip to 21</i>
the following activities:	Yes	No	\bigcup No, never served in the military \rightarrow <i>Skip to 21</i>
a. Learning, remembering, or concentrating?			b. 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.
b. Dressing, bathing, or getting around			April 1995 or later
inside the home? c. (Answer if this person is 16 YEARS OLD			August 1990 to March 1995 (including Persian Gulf W
OR OVER.) Going outside the home alone to shop or visit a doctor's office?			☐ September 1980 to July 1990 ☐ May 1975 to August 1980
d. (Answer if this person is 16 YEARS OLD	_	_	Vietnam era (August 1964—April 1975)
OR OVER.) Working at a job or business?			February 1955 to July 1964
			Korean conflict (June 1950—January 1955)
Was this person under 15 years of age	on		World War II (September 1940—July 1947)
April 1, 2000?			Some other time
			c. In total, how many years of active-duty military service has this person had?
			Less than 2 years
			2 years or more

222	LAST WEEK, did this person do ANY work for either pay or profit? Mark (★) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → Skip to 25a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) (If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.) b. Name of city, town, or post office c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code a. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark ★ the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad	Signature Strip to 24a. Signature Strip to 25c
	Subway or elevated	Yes
	Railroad Ferryboat	e. LAST WEEK, could this person have started a
	Taxicab	job if offered one, or returned to work if recalled? Yes, could have gone to work
	☐ Motorcycle	No, because of own temporary illness
	☐ Bicycle ☐ Walked	No, because of all other reasons (in school, etc.)
	$\bigcirc \text{Worked at home} \rightarrow \text{Skip to 27}$	When did this person last work, even for a
	Other method	few days?
		1995 to 2000 1994 or earlier, or never worked \rightarrow <i>Skip to 31</i>

 Industry or Employer — 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 the information for his/her last job or business since 1995. a. For whom did this person work? If now on active duty in the Armed Forces, mark ✗ this box → and print the branch of the Armed Forces. Name of company, business, or other employer 	 Was this person — Mark (X) ONE box. Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization Local GOVERNMENT employee (city, county, etc.) State GOVERNMENT employee 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
b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank) c. Is this mainly — Mark ② ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? Occupation a. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant) b. What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)	 a. LAST YEAR, 1999, did this person work at a job or business at any time? Yes No → Skip to 31 b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service. Weeks c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK

	all amounts credited to an account.
	Annual amount — <i>Dollars</i>
_	\$, , .00
☐ No	
d. Social	Security or Railroad Retirement
	Annual amount — <i>Dollars</i>
	\$, .00
☐ No	
e. Suppl	emental Security Income (SSI)
Yes	Annual amount — Dollars
	\$.00
☐ No	
f. Any p	ublic assistance or welfare payments
	e state or local welfare office
	Annual amount — Dollars
	\$, .00
☐ No	
g. Retire	ement, survivor, or disability pensions — include Social Security.
Yes	Annual amount — <i>Dollars</i>
	\$, .00
☐ No	
such as 'compensinclude lu	other sources of income received regularly Veterans' (VA) payments, unemployment sation, child support, or alimony — Do NOT sump-sum payments such as money from an ice or sale of a home.
Yes	Annual amount — <i>Dollars</i>
	\$, .00
☐ No	
entries in	as this person's total income in 1999? Add a questions 31a—31h; subtract any losses. If net was a loss, enter the amount and mark (x) the pay next to the dollar amount.
	Annual amount — Dollars

Thank you for completing your official U.S. Census form. If there are more than six people at this address, the Census Bureau may contact you for the same information about these people.



