<table>
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<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
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<tr>
<td>1. What is Person 2's name? Print last name if last name is different. Name first name initial.</td>
<td>1. What is Person 3's name? Print last name if last name is different. Name first name initial.</td>
<td>1. What is Person 4's name? Print last name if last name is different. Name first name initial.</td>
<td>1. Who is this Person 5? Print last name if last name is different. Name first name initial.</td>
<td>1. Who is Person 6? Print last name if last name is different. Name first name initial.</td>
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<td>2. How is this person related to Person 1? Mark one or more boxes.</td>
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<td>3. What is this person's sex? Mark one box.</td>
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<td>4. What is this person's age and what is this person's date of birth? Print numbers in boxes.</td>
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<td>5. Is this person Spanish/Hispanic/Latino? Mark the box if yes. Spanish/Hispanic/Latino.</td>
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If more people live here, continue with Person 2.

If more people live here, continue with Person 3.

If more people live here, continue with Person 4.

If more people live here, continue with Person 5.

If more people live here, continue with Person 6.

Please turn to go to last page.
### Person 2
1. What is Person 2's sex? Male, Female, Other.
2. What is this person's race? White, Black, Asian Indian, American Indian or Alaska Native, Some other race —.
3. Is this person Spanish/Hispanic/Latino? Yes, No.
5. What is this person's age? 7 7.
6. What is this person's date of birth? 7 7.
7. If more people live here, continue with Person 3.

### Person 3
1. What is Person 3's sex? Male, Female, Other.
2. What is this person's race? White, Black, Asian Indian, American Indian or Alaska Native, Some other race —.
3. Is this person Spanish/Hispanic/Latino? Yes, No.
5. What is this person's age? 7 7.
6. What is this person's date of birth? 7 7.
7. If more people live here, continue with Person 4.

### Person 4
1. What is Person 4's sex? Male, Female, Other.
2. What is this person's race? White, Black, Asian Indian, American Indian or Alaska Native, Some other race —.
3. Is this person Spanish/Hispanic/Latino? Yes, No.
5. What is this person's age? 7 7.
6. What is this person's date of birth? 7 7.
7. If more people live here, continue with Person 5.

### Person 5
1. What is Person 5's sex? Male, Female, Other.
2. What is this person's race? White, Black, Asian Indian, American Indian or Alaska Native, Some other race —.
3. Is this person Spanish/Hispanic/Latino? Yes, No.
5. What is this person's age? 7 7.
6. What is this person's date of birth? 7 7.
7. If more people live here, continue with Person 6.

### Person 6
1. What is Person 6's sex? Male, Female, Other.
2. What is this person's race? White, Black, Asian Indian, American Indian or Alaska Native, Some other race —.
3. Is this person Spanish/Hispanic/Latino? Yes, No.
5. What is this person's age? 7 7.
6. What is this person's date of birth? 7 7.
7. If more people live here, list their names on the back of this page in the spaces provided.
Knowing about age, race, and sex helps your community get financial assistance for roads, hospitals, care, education, and recreation.

Every person in the Census counts. Information about children helps for the future.

1. What is Person 2’s name? Print name below.

2. How is this person related to Person 1? Mark ONE box.

3. What is this person’s age and what is this person’s date of birth? Print numbers in boxes.

4. What is this person’s sex? Mark ONE box.

5. Is this person Spanish/Hispanic/Latino? Mark the box if Yes, Puerto Rican, Yes, Mexican, Mexican Am., Chicano, Yes, other Spanish /Hispanic /Latino — Print group.

6. What is this person’s race? Mark one or more races indicate what this person considers himself/herself to be. Print race.

If more people live here, list their names on the back of this page in the spaces provided. Please turn to go to last page.
### Persons 7 – 12

**The Information Copy** shows the content of the United States Census 2000 form. Each household will receive either a short form (this form) or a long form. The short form contains 28 questions and is being sent to 100 percent and sample households. The short form is being used to estimate the population and housing characteristics of the United States and to a lesser extent, of the states and counties. The long form will contain additional questions and it is being sent to a sample of households. In order to ensure a complete and accurate census count, the long form will be administered in a small number of areas. The long form contains 35 questions.

We may call this person if we don’t understand an answer.

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

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<table>
<thead>
<tr>
<th>Person 7</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Age</th>
<th>Sex</th>
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**PLEASE DO NOT FILL OUT THIS FORM.** This is not an official census form. It is for informational purposes only.

---

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 checking your answers. 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.
Start Here  Please use a black or blue pen.

1 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.
Please be sure you answered question 1 on the front page before continuing.

Please print the names of all the people who you indicated in question 1 were living or staying here on April 1, 2000.

Example — Last Name

JOHNSON

First Name MI

ROBIN

Start with the person, or one of the people living here who owns, is buying, or rents this house, apartment, or mobile home. If there is no such person, start with any adult living or staying here.

Person 1 — Last Name

First Name MI

Person 2 — Last Name

First Name MI

Person 3 — Last Name

First Name MI

Person 4 — Last Name

First Name MI

Person 5 — Last Name

First Name MI

Person 6 — Last Name

First Name MI

Person 7 — Last Name

First Name MI

Person 8 — Last Name

First Name MI

Person 9 — Last Name

First Name MI

Person 10 — Last Name

First Name MI

Person 11 — Last Name

First Name MI

Person 12 — Last Name

First Name MI

Next, answer questions about Person 1.

<table>
<thead>
<tr>
<th>A. JIC1</th>
<th>B. JIC2</th>
<th>C. JIC3</th>
<th>D. JIC4</th>
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FOR OFFICE USE ONLY

A. JIC1 B. JIC2 C. JIC3 D. JIC4
What is this person’s name? Print the name of Person 1 from page 2.

Last Name

First Name

MI

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 ONE box.

☐ Male

☐ Female

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

Is this person Spanish/Hispanic/Latino? Mark 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 — 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 or Alaska Native — Print name of enrolled or principal tribe.

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian — Print race.

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander — Print race.

☐ Some other race — Print race.

What is this person’s marital status?

☐ Now married

☐ Widowed

☐ Divorced

☐ Separated

☐ Never married

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
- 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
- Bachelor’s degree (for example: BA, AB, BS)
- Master’s degree (for example: MA, MS, MEng, ME, 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.)

a. Does this person speak a language other than English at home?
- Yes
- No → Skip to 12

b. What is this language? (For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?
- Very well
- Well
- Not well
- Not at all

Where was this person born?
- In the United States — Print name of state.
- Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a CITIZEN of the United States?
- Yes, born in the United States → Skip to 15a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a citizen of the United States

When did this person come to live in the United States? Print numbers in boxes.

Year

a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
- Person is under 5 years old → Skip to 33
- Yes, this house → Skip to 16
- No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
- No, different house in the United States
Person 1 (continued)

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

---

16 Does this person have any of the following long-lasting conditions:

a. Blindness, deafness, or a severe vision or hearing impairment?
Yes ☐ No ☐

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
Yes ☐ No ☐

---

17 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

a. Learning, remembering, or concentrating?
Yes ☐ No ☐

b. Dressing, bathing, or getting around inside the home?
Yes ☐ No ☐

c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
Yes ☐ No ☐

d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
Yes ☐ No ☐

---

18 Was this person under 15 years of age on April 1, 2000?
☐ Yes → Skip to 33
☐ No

---

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

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

---

20 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.
☐ 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
LAST WEEK, did this person do ANY work for either pay or profit? Mark \( \Box \) 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.

\( \square \) Yes
\( \square \) No \( \rightarrow \) 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)

b. Name of city, town, or post office

(c. Is the work location inside the limits of that city or town?)

\( \square \) Yes
\( \square \) 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 \( \Box \) the box of the one used for most of the distance.

\( \square \) Car, truck, or van
\( \square \) Bus or trolley bus
\( \square \) Streetcar or trolley car
\( \square \) Subway or elevated
\( \square \) Railroad
\( \square \) Ferryboat
\( \square \) Taxicab
\( \square \) Motorcycle
\( \square \) Bicycle
\( \square \) Walked
\( \square \) Worked at home \( \rightarrow \) Skip to 27
\( \square \) Other method

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?

\( \square \) Drove alone
\( \square \) 2 people
\( \square \) 3 people
\( \square \) 4 people
\( \square \) 5 or 6 people
\( \square \) 7 or more people

a. What time did this person usually leave home to go to work LAST WEEK?

\( \square \) \( \square \) \( \square \) a.m. \( \square \) p.m.

b. How many minutes did it usually take this person to get from home to work LAST WEEK?

\( \square \) \( \square \) \( \square \)

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?

\( \square \) Yes \( \rightarrow \) Skip to 25c
\( \square \) No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

\( \square \) Yes, on vacation, temporary illness, labor dispute, etc. \( \rightarrow \) Skip to 26
\( \square \) No \( \rightarrow \) 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?

\( \square \) Yes \( \rightarrow \) Skip to 25e
\( \square \) No

d. Has this person been looking for work during the last 4 weeks?

\( \square \) Yes
\( \square \) No \( \rightarrow \) Skip to 26

e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

\( \square \) Yes, could have gone to work
\( \square \) No, because of own temporary illness
\( \square \) No, because of all other reasons \((\text{in school, etc.})\)

When did this person last work, even for a few days?

\( \square \) 1995 to 2000
\( \square \) 1994 or earlier, or never worked \( \rightarrow \) Skip to 31
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 \(\times\) this box \(\rightarrow\) and print the branch of the Armed Forces.

Name of company, business, or other employer

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)

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.

a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.

Was this person — Mark \(\times\) 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

a. LAST YEAR, 1999, did this person work at a job or business at any time?

- Yes
- No \(\rightarrow\) 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

INCOME IN 1999 — Mark \(\times\) the “Yes” box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark \(\times\) the “No” box if the income source was not received. If net income was a loss, enter the amount and mark \(\times\) 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 \(\times\) 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. 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
Now, please answer questions 33—53 about your household.

### 33. Is this house, apartment, or mobile home —
- **Owned by you or someone in this household with a mortgage or loan?**
- **Owned by you or someone in this household free and clear (without a mortgage or loan)?**
- **Rented for cash rent?**
- **Occupied without payment of cash rent?**

### 34. Which best describes this building? Include all apartments, flats, etc., even if vacant.
- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

### 35. About when was this building first built?
- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

### 36. When did this person move into this house, apartment, or mobile home?
- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1980 to 1989
- 1970 to 1979
- 1969 or earlier

### 37. How many rooms do you have in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more rooms
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
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 or more bedrooms

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

Do you have COMPLETE kitchen facilities in this house, apartment, or mobile home; that is, 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator?

- Yes, have all three facilities
- No

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

- Yes
- No

Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used

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

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

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
- 10 or more acres

c. In 1999, what were the actual sales of all agricultural products from this property?

- None
- $1 to $999
- $1,000 to $2,499
- $2,500 to $4,999
- $5,000 to $9,999
- $10,000 or more

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.

a. Electricity

Annual cost — Dollars

| $ | , | .00 |

OR

- Included in rent or in condominium fee
- No charge or electricity not used

b. Gas

Annual cost — Dollars

| $ | , | .00 |

OR

- Included in rent or in condominium fee
- No charge or gas not used

c. Water and sewer

Annual cost — Dollars

| $ | , | .00 |

OR

- Included in rent or in condominium fee
- No charge

d. Oil, coal, kerosene, wood, etc.

Annual cost — Dollars

| $ | , | .00 |

OR

- Included in rent or in condominium fee
- No charge or these fuels not used
46. Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 47.
   a. What is the monthly rent?
      Monthly amount — Dollars
      $0.00
   b. Does the monthly rent include any meals?
      □ Yes
      □ No

47. Answer questions 47a—53 if you or someone in this household owns or is buying this house, apartment, or mobile home; otherwise, skip to questions for Person 2.
   a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?
      □ Yes, mortgage, deed of trust, or similar debt
      □ Yes, contract to purchase
      □ No → Skip to 48a
   b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.
      Monthly amount — Dollars
      $0.00
      OR
      □ No regular payment required → Skip to 48a
   c. Does your regular monthly mortgage payment include payments for real estate taxes on THIS property?
      □ Yes, taxes included in mortgage payment
      □ No, taxes paid separately or taxes not required
   d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
      □ Yes, insurance included in mortgage payment
      □ No, insurance paid separately or no insurance

48. a. Do you have a second mortgage or a home equity loan on THIS property? Mark (X) 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
      $0.00
      OR
      □ No regular payment required

49. What were the real estate taxes on THIS property last year?
   Yearly amount — Dollars
   $0.00
   OR
   □ None

50. What was the annual payment for fire, hazard, and flood insurance on THIS property?
   Annual amount — Dollars
   $0.00
   OR
   □ None

51. What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot would sell for if it were for sale?
   □ Less than $10,000
   □ $10,000 to $14,999
   □ $15,000 to $19,999
   □ $20,000 to $24,999
   □ $25,000 to $29,999
   □ $30,000 to $34,999
   □ $35,000 to $39,999
   □ $40,000 to $49,999
   □ $50,000 to $59,999
   □ $60,000 to $69,999
   □ $70,000 to $79,999
   □ $80,000 to $89,999
   □ $90,000 to $99,999
   □ $100,000 to $124,999
   □ $125,000 to $149,999
   □ $150,000 to $174,999
   □ $175,000 to $199,999
   □ $200,000 to $249,999
   □ $250,000 to $299,999
   □ $300,000 to $399,999
   □ $400,000 to $499,999
   □ $500,000 to $749,999
   □ $750,000 to $999,999
   □ $1,000,000 or more

52. Answer ONLY if this is a CONDOMINIUM — What is the monthly condominium fee?
   Monthly amount — Dollars
   $0.00

53. Answer ONLY if this is a MOBILE HOME —
   a. Do you have an installment loan or contract on THIS mobile home?
      □ Yes
      □ No
   b. What was the total cost for installment loan payments, personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site last year? Exclude real estate taxes.
      Yearly amount — Dollars
      $0.00

Are there more people living here? If yes, continue with Person 2.
### Person 2

**What is this person's name?** Print the name of Person 2 from page 2.

<table>
<thead>
<tr>
<th>Last Name</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How is this person related to Person 1?** Mark ONE box.

- Husband/wife
- Natural-born son/daughter
- Adopted son/daughter
- Stepson/stepdaughter
- Brother/sister
- Father/mother
- Grandchild
- Parent-in-law
- Son-in-law/daughter-in-law
- Other relative — Print exact relationship.

If NOT RELATED to Person 1:

- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

**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?**

Age on April 1, 2000

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year of birth</th>
</tr>
</thead>
</table>

**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.
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian — Print race.
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander — Print race.
- Some other race — Print race.

**What is this person's marital status?**

- Now married
- Widowed
- Divorced
- Separated
- Never married

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**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, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino — Print group.

**Is this person Spanish/Hispanic/Latino?** Mark ONE box.

- Mexican, Mexican Am., Chicano
- Puerto Rican
- Cuban
- Other Spanish/Hispanic/Latino — Print group.

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

a. Does this person speak a language other than English at home?
- Yes
- No → Skip to 12

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?
- Very well
- Well
- Not well
- Not at all

Where was this person born?

- In the United States — Print name of state.
- Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a CITIZEN of the United States?

- Yes, born in the United States → Skip to 15a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a citizen of the United States

When did this person come to live in the United States? Print numbers in boxes.

Year

- Person is under 5 years old → Skip to 33
- Yes, this house → Skip to 16
- No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.

- No, different house in the United States
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:

a. Blindness, deafness, or a severe vision or hearing impairment?
☐ Yes
☐ No

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
☐ Yes
☐ No

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

a. Learning, remembering, or concentrating?
☐ Yes
☐ No

b. Dressing, bathing, or getting around inside the home?
☐ Yes
☐ No

c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
☐ Yes
☐ No

d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
☐ Yes
☐ No

Was this person under 15 years of age on April 1, 2000?
☐ Yes → Skip to 33
☐ No

a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
☐ Yes
☐ No → Skip to 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?
☐ Less than 2 years
☐ 2 years or more
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

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  ☐ Ferryboat  ☐ Taxicab  ☐ Motorcycle  ☐ Bicycle  ☐ Walked  ☐ Worked at home → Skip to 27  ☐ Other method

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  ☐ 7 or more people

What time did this person usually leave home to go to work LAST WEEK?

☐ :  ☐ a.m.  ☐ p.m.

How many minutes did it usually take this person to get from home to work LAST WEEK?

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 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 few days?

☐ 1995 to 2000  ☐ 1994 or earlier, or never worked → Skip to 31
27 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

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)

28 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)

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
- 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

30 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

31 c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

INCOME IN 1999 — Mark ☒ the "Yes" box for each income source received during 1999 and enter the total 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 mark ☒ 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 ☒ 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

$ 00

- 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

$ 00 ☒ Loss

- No
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 $___________.00  ☐ Loss
- No

d. Social Security or Railroad Retirement

- Yes  Annual amount — Dollars $___________.00
- No

e. Supplemental Security Income (SSI)

- Yes  Annual amount — Dollars $___________.00
- No

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

- Yes  Annual amount — Dollars $___________.00
- No

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

- Yes  Annual amount — Dollars $___________.00
- No

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.

- Yes  Annual amount — Dollars $___________.00
- No

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 ☒ the “Loss” box next to the dollar amount.

Annual amount — Dollars $___________.00  ☐ Loss

Are there more people living here? If yes, continue with Person 3.

What is this person’s name? Print the name of Person 3 from page 2.

Last Name 

First Name  MI

How is this person related to Person 1? Mark ☒ ONE box.

- Husband/wife
- Natural-born son/daughter
- Adopted son/daughter
- Stepson/stepdaughter
- Brother/sister
- Father/mother
- Grandchild
- Parent-in-law
- Son-in-law/daughter-in-law
- Other relative — Print exact relationship.

If NOT RELATED to Person 1:

- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

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?

Age on April 1, 2000

Print numbers in boxes.

Month  Day  Year 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, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- 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 or Alaska Native — Print name of enrolled or principal tribe.
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian — Print race.
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander — Print race.
- Some other race — Print race.

What is this person’s marital status?
- Now married
- Widowed
- Divorced
- Separated
- Never married

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 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 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.)
Person 3 (continued)

11. a. Does this person speak a language other than English at home?
   - Yes
   - No → Skip to 12

   b. What is this language?
   
   (For example: Korean, Italian, Spanish, Vietnamese)

   c. How well does this person speak English?
   - Very well
   - Well
   - Not well
   - Not at all

12. Where was this person born?
   - In the United States — Print name of state.
   - Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.

13. Is this person a CITIZEN of the United States?
   - Yes, born in the United States → Skip to 15a
   - Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
   - Yes, born abroad of American parent or parents
   - Yes, a U.S. citizen by naturalization
   - No, not a citizen of the United States

14. When did this person come to live in the United States? Print numbers in boxes.
   - Year

15. a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
   - Person is under 5 years old → Skip to 33
   - Yes, this house → Skip to 16
   - No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
   - No, different house in the United States

16. Does this person have any of the following long-lasting conditions:
   - a. Blindness, deafness, or a severe vision or hearing impairment?
     - Yes
     - No
   - b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
     - Yes
     - No

17. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
   - a. Learning, remembering, or concentrating?
     - Yes
     - No
   - b. Dressing, bathing, or getting around inside the home?
     - Yes
     - No
   - c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
     - Yes
     - No
   - d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
     - Yes
     - No

18. Was this person under 15 years of age on April 1, 2000?
   - Yes → Skip to 33
   - No
Person 3 (continued)

19. 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

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

20. 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.
- 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

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

22. 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)

b. Name of city, town, or post office

(If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.)

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

23. Walked

bicycle

taxicab

erailroad

subway or elevated

streetcar or trolley car

bus or trolley bus

taxicab

motorcycle

bicycle

walked

worked at home → Skip to 27

other method
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
   - 7 or more people

24a. What time did this person usually leave home to go to work LAST WEEK?
   - :__ __ a.m.
   - :__ __ p.m.

24b. How many minutes did it usually take this person to get from home to work LAST WEEK?
   - Minutes

Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27.

25a. LAST WEEK, was this person on layoff from a job?
   - Yes → Skip to 25c
   - No

25b. 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

25c. 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

25d. Has this person been looking for work during the last 4 weeks?
   - Yes
   - No → Skip to 26

25e. 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.)

26. When did this person last work, even for a few days?
   - 1995 to 2000
   - 1994 or earlier, or never worked → Skip to 31

27 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

   -

   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 ONE box.

   - Manufacturing?
   - Wholesale trade?
   - Retail trade?
   - Other (agriculture, construction, service, government, etc.)?

28 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)

   -
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

30 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.

31 c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?
Usual hours worked each WEEK

INCOME IN 1999 — Mark X the “Yes” box for each 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.

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

32 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
☐ No

31 d. Social Security or Railroad Retirement
☐ Yes Annual amount — Dollars
☐ No

e. Supplemental Security Income (SSI)
☐ Yes Annual amount — Dollars
☐ No

f. Any public assistance or welfare payments from the state or local welfare office
☐ Yes Annual amount — Dollars
☐ No

g. Retirement, survivor, or disability pensions — Do NOT include Social Security.
☐ Yes Annual amount — Dollars
☐ No

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.
☐ Yes Annual amount — Dollars
☐ No

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.

Annual amount — Dollars

33 Are there more people living here? If yes, continue with Person 4.
1. **What is this person’s name?** Print the name of Person 4 from page 2.
   - Last Name: 
   - First Name: 
   - MI: 

2. **How is this person related to Person 1?** Mark ⚡ ONE box.
   - Husband/wife
   - Natural-born son/daughter
   - Adopted son/daughter
   - Stepson/stepdaughter
   - Brother/sister
   - Father/mother
   - Grandchild
   - Parent-in-law
   - Son-in-law/daughter-in-law
   - Other relative — Print exact relationship.

   If NOT RELATED to Person 1:
   - Roomer, boarder
   - Housemate, roommate
   - Unmarried partner
   - Foster child
   - Other nonrelative

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 of birth?**
   - Age on April 1, 2000: 
   - Print numbers in boxes.
   - Month: 
   - Day: 
   - Year of birth: 

5. **Is this person Spanish/Hispanic/Latino?** Mark ⚡ 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 — Print group.

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.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander — Print race.
   - Asian Indian
   - Chinese
   - Filipino
   - Japanese
   - Korean
   - Vietnamese
   - Other Asian — Print race.
   - Some other race — Print race.

7. **What is this person’s marital status?**
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married
Person 4 (continued)

8. 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 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)

9. 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)

10. 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.)

11. a. Does this person speak a language other than English at home?
   ☐ Yes
   ☐ No → Skip to 12

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?
   ☐ Very well
   ☐ Well
   ☐ Not well
   ☐ Not at all

12. Where was this person born?
   ☐ In the United States — Print name of state.
   ☐ Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.

13. Is this person a CITIZEN of the United States?
   ☐ Yes, born in the United States → Skip to 15a
   ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
   ☐ Yes, born abroad of American parent or parents
   ☐ Yes, a U.S. citizen by naturalization
   ☐ No, not a citizen of the United States

14. When did this person come to live in the United States? Print numbers in boxes.
   Year

15. a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
   ☐ Person is under 5 years old → Skip to 33
   ☐ Yes, this house → Skip to 16
   ☐ No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
   ☐ No, different house in the United States
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:  

a. Blindness, deafness, or a severe vision or hearing impairment?  
☐ Yes  
☐ No  

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  
☐ Yes  
☐ No  

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  

a. Learning, remembering, or concentrating?  
☐ Yes  
☐ No  

b. Dressing, bathing, or getting around inside the home?  
☐ Yes  
☐ No  

c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?  
☐ Yes  
☐ No  

d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?  
☐ Yes  
☐ No  

Was this person under 15 years of age on April 1, 2000?  
☐ Yes → Skip to 33  
☐ No  

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?  
☐ Less than 2 years  
☐ 2 years or more
LAST WEEK, did this person do ANY work for either pay or profit? Mark X the "Yes" box even if the person worked only 1 hour, or helped without 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.

21

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  ☐ Worked at home → Skip to 27  ☐ Other method

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  ☐ 7 or more people

22

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.

23

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

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 a job?

☐ Yes → Skip to 25c  ☐ No → Skip to 25d

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 OR been given a date to return to work?

☐ Yes → Skip to 25e  ☐ No → Skip to 25d

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  ☐ No, because of own temporary illness  ☐ No, because of all other reasons (in school, etc.)

26

When did this person last work, even for a few days?

☐ 1995 to 2000  ☐ 1994 or earlier, or never worked → Skip to 31
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 [X] this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

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?
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)

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

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

INCOME IN 1999 — Mark [X] the "Yes" box for each 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.

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

$ | | | | | | .00

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

$ | | | | | | .00

Loss
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  $0.00  ☐ Loss

☐ No

d. Social Security or Railroad Retirement

☐ Yes  Annual amount — Dollars  $0.00  ☐ No

e. Supplemental Security Income (SSI)

☐ Yes  Annual amount — Dollars  $0.00  ☐ No

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

☐ Yes  Annual amount — Dollars  $0.00  ☐ No

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

☐ Yes  Annual amount — Dollars  $0.00  ☐ No

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.

☐ Yes  Annual amount — Dollars  $0.00  ☐ No

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 ☑ the “Loss” box next to the dollar amount.

Annual amount — Dollars  $0.00  ☐ Loss

☐ None  OR  $0.00

Are there more people living here? If yes, continue with Person 5.
Form D-2

Person 5 (continued)

NOTE: Please answer BOTH Questions 5 and 6.

5 Is this person Spanish/Hispanic/Latino? Mark 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 — Print group.

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.
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian — Print race.
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander — Print race.
- Some other race — Print race.

7 What is this person’s marital status?
- Now married
- Widowed
- Divorced
- Separated
- Never married

8 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 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)

9 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)

10 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.)
a. Does this person speak a language other than English at home?
- Yes
- No → Skip to 12

b. What is this language?
(For example: Korean, Italian, Spanish, Vietnamese)

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

Is this person a CITIZEN of the United States?
- Yes, born in the United States → Skip to 15a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a citizen of the United States

When did this person come to live in the United States? Print numbers in boxes.

b. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
- Person is under 5 years old → Skip to 33
- Yes, this house → Skip to 16
- No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
- No, different house in the United States

Yes No

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?

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:

- Learning, remembering, or concentrating?
- Yes No

- Dressing, bathing, or getting around inside the home?
- Yes No

- (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
- Yes No

- (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
- Yes No

Was this person under 15 years of age on April 1, 2000?
- Yes → Skip to 33
- No
Person 5 (continued)

19. 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

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

20. 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 the 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?
   - 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

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

22. Walked
   - Bicycle
   - Taxicab
   - Ferryboat
   - Railroad
   - Subway or elevated
   - Streetcar or trolley car
   - Bus or trolley bus
   - Car, truck, or van
   - Other method

23. 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
   - Ferryboat
   - Taxi cab
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at home → Skip to 27
   - Other method
Person 5 (continued)

If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a.

23. 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
   - 7 or more people

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

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 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 25d
   - [ ] 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

   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.)

26. When did this person last work, even for a few days?
   - [ ] 1995 to 2000
   - [ ] 1994 or earlier, or never worked → Skip to 31

27. 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 [X] this box → and print the branch of the Armed Forces.

   - [ ] Name of company, business, or other employer

   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)

   - [ ] b. What kind of business or industry was this?

   c. Is this mainly — Mark [X] ONE box.
   - [ ] Manufacturing?
   - [ ] Wholesale trade?
   - [ ] Retail trade?
   - [ ] Other (agriculture, construction, service, government, etc.)?

28. Occupation

   a. What kind of work was this person doing?
   (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)

   - [ ] Occupation

   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)

   - [ ] Occupation
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

**30** 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

**31** c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Usual hours worked each WEEK

**INCOME IN 1999** — Mark [X] the “Yes” box for each 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.

**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

**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
- No

**d. Social Security or Railroad Retirement**
- Yes Annual amount — Dollars
- No

**e. Supplemental Security Income (SSI)**
- Yes Annual amount — Dollars
- No

**f. Any public assistance or welfare payments from the state or local welfare office**
- Yes Annual amount — Dollars
- No

**g. Retirement, survivor, or disability pensions** — Do NOT include Social Security.
- Yes Annual amount — Dollars
- No

**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.
- Yes Annual amount — Dollars
- No

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.

**32** Annual amount — Dollars

**33** Are there more people living here? If yes, continue with Person 6.
**Person 6**

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

1. **What is this person's name?** Print the name of Person 6 from page 2.
   - Last Name
   - First Name
   - MI

2. **How is this person related to Person 1?** Mark **ONE** box.
   - Husband/wife
   - Natural-born son/daughter
   - Adopted son/daughter
   - Stepson/stepdaughter
   - Brother/sister
   - Father/mother
   - Grandchild
   - Parent-in-law
   - Son-in-law/daughter-in-law
   - Other relative — Print exact relationship.
   
   If NOT RELATED to Person 1:
   - Roomer, boarder
   - Housemate, roommate
   - Unmarried partner
   - Foster child
   - Other nonrelative

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 of birth?**
   - Age on April 1, 2000
   - Print numbers in boxes.
   - Month
   - Day
   - Year of birth

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 — Print group.

6. **What is this person's race?** Mark **X** 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.
   - Asian Indian
   - Chinese
   - Filipino
   - Japanese
   - Korean
   - Vietnamese
   - Other Asian — Print race.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander — Print race.
   - Some other race — Print race.

7. **What is this person's marital status?**
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married
8. 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 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)

9. 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)

10. 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.)

11. a. Does this person speak a language other than English at home?
   - Yes
   - No → Skip to 12

b. What is this language?
   (For example: Korean, Italian, Spanish, Vietnamese)

12. Where was this person born?
   - In the United States — Print name of state.
   - Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.

13. Is this person a CITIZEN of the United States?
   - Yes, born in the United States → Skip to 15a
   - Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
   - Yes, born abroad of American parent or parents
   - Yes, a U.S. citizen by naturalization
   - No, not a citizen of the United States

14. When did this person come to live in the United States? Print numbers in boxes.
   Year

15. a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
   - Person is under 5 years old → Skip to 33
   - Yes, this house → Skip to 16
   - No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.
   - No, different house in the United States
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:

a. Blindness, deafness, or a severe vision or hearing impairment?
☐ Yes
☐ No

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
☐ Yes
☐ No

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

a. Learning, remembering, or concentrating?
☐ Yes
☐ No

b. Dressing, bathing, or getting around inside the home?
☐ Yes
☐ No

c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
☐ Yes
☐ No

d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
☐ Yes
☐ No

Was this person under 15 years of age on April 1, 2000?
☐ Yes → Skip to 33
☐ No

a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
☐ Yes
☐ No → Skip to 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 ☑ 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?
☐ Less than 2 years
☐ 2 years or more
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

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
- Ferryboat
- Taxi
- Motorcycle
- Bicycle
- Walked
- Worked at home → Skip to 27
- Other method

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
- 7 or more people

What time did this person usually leave home to go to work LAST WEEK?

- a.m.
- p.m.

How many minutes did it usually take this person to get from home to work LAST WEEK?

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 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 few days?

- 1995 to 2000
- 1994 or earlier, or never worked → Skip to 31
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

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)

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)

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
- 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

LAST YEAR, 1999, did this person work at a job or business at any time?

- Yes
- No → Skip to 31

How many weeks did this person work in 1999?
Count paid vacation, paid sick leave, and military service.

During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?

INCOME IN 1999 — Mark the “Yes” box for each income source received during 1999 and enter the total 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 mark 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 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. 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
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
  - $_________ .00
- No

d. Social Security or Railroad Retirement

- Yes
  - Annual amount — Dollars
  - $_________ .00
- No

e. Supplemental Security Income (SSI)

- Yes
  - Annual amount — Dollars
  - $_________ .00
- No

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

- Yes
  - Annual amount — Dollars
  - $_________ .00
- No

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

- Yes
  - Annual amount — Dollars
  - $_________ .00
- No

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.

- Yes
  - Annual amount — Dollars
  - $_________ .00
- No

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**31**

**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 ☒ the "Loss" box next to the dollar amount.

- None OR
  - Annual amount — Dollars
  - $_________ .00

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**33**

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.