Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.

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

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

FORM ACS-1(INFO)(2016) [07-08-2015]

INCLUDE everyone who is living or staying here for more than 2 months.

INCLUDE yourself if you are living here for more than 2 months.

INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.

Start Here ➜

Last Name

First Name

Number of people

How many people are living or staying at this address?

• INCLUDE everyone who is living or staying here for more than 2 months.
• INCLUDE yourself if you are living here for more than 2 months.
• INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
• DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

Please print today’s date.

Month Day Year

Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.

Last Name

First Name

Area Code + Number

How many people are living or staying at this address?

• INCLUDE everyone who is living or staying here for more than 2 months.
• INCLUDE yourself if you are living here for more than 2 months.
• INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
• DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

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

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

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

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

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625.
Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

For more information about the American Community Survey, visit our web site at: http://www.census.gov/acs/
What is Person 1’s name?
Last Name (Please Print) First Name MI

How is this person related to Person 1? Mark (X) ONE box.
- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Other relative
- Son-in-law or daughter-in-law
- Brother or sister
- Father or mother
- Housemate or roommate
- Grandchild
- Foster child
- Parent-in-law
- Other nonrelative

What is Person 1’s sex? Mark (X) ONE box.
- Male
- Female

What is Person 1’s age and what is Person 1’s date of birth?
Please report babies as age 0 when the child is less than 1 year old.
Age (in years) Print numbers in boxes. Month Day Year of birth

Is Person 1 of Hispanic, Latino, or Spanish origin?
- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.

What is Person 1’s race? Mark (X) one or more boxes.
- White
- Black or African Am.
- American Indian or Alaska Native — Print name of enrolled or principal tribe.
- Asian Indian
- Japanese
- Native Hawaiian
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Samoan
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Some other race – Print race.

What is Person 2’s name?
Last Name (Please Print) First Name MI

How is this person related to Person 1? Mark (X) ONE box.
- Son-in-law or daughter-in-law
- Other relative
- Son-in-law or daughter-in-law
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Foster child
- Other relative

What is Person 2’s sex? Mark (X) ONE box.
- Male
- Female

What is Person 2’s age and what is Person 2’s date of birth?
Please report babies as age 0 when the child is less than 1 year old.
Age (in years) Print numbers in boxes. Month Day Year of birth

Is Person 2 of Hispanic, Latino, or Spanish origin?
- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.

What is Person 2’s race? Mark (X) one or more boxes.
- White
- Black or African Am.
- American Indian or Alaska Native — Print name of enrolled or principal tribe.
- Asian Indian
- Japanese
- Native Hawaiian
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Samoan
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Some other race – Print race.
1. What is Person 3's name?
   Last Name (Please print) 
   First Name 
   M/F 

2. How is this person related to Person 1? Mark (X) one box.
   - Husband or wife
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

3. What is Person 3's sex? Mark (X) one box.
   - Male
   - Female

4. What is Person 3's age and what is Person 3's date of birth?
   Age (in years) 
   Month 
   Day 
   Year of birth

5. Is Person 3 of Hispanic, Latino, or Spanish origin?
   Mark (X) one or more boxes.
   - Yes, Mexican, Mexican American, Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
   - No, not of Hispanic, Latino, or Spanish origin

6. What is Person 3's race? Mark (X) one of more boxes.
   - White
   - Black or African Am.
   - American Indian or Alaska Native – Print name of enrolled or principal tribe.
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Japanese
   - Korean
   - Vietnamese
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Some other race – Print race.

7. What is Person 4's name?
   Last Name (Please print) 
   First Name 
   M/F 

8. How is this person related to Person 1? Mark (X) one box.
   - Husband or wife
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

9. What is Person 4's sex? Mark (X) one box.
   - Male
   - Female

10. What is Person 4's age and what is Person 4's date of birth?
    Age (in years) 
    Month 
    Day 
    Year of birth

11. Is Person 4 of Hispanic, Latino, or Spanish origin?
    Mark (X) one or more boxes.
    - Yes, Mexican, Mexican American, Chicano
    - Yes, Puerto Rican
    - Yes, Cuban
    - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
    - No, not of Hispanic, Latino, or Spanish origin

12. What is Person 4's race? Mark (X) one or more boxes.
    - White
    - Black or African Am.
    - American Indian or Alaska Native – Print name of enrolled or principal tribe.
    - Asian Indian
    - Chinese
    - Filipino
    - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
    - Japanese
    - Korean
    - Vietnamese
    - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
    - Native Hawaiian
    - Guamanian or Chamorro
    - Samoan
    - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
    - Some other race – Print race.
Housing

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

1. Which best describes this building?
   - 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.

2. About when was this building first built?
   - 2000 or later – Specify year
   - 1990 to 1999
   - 1980 to 1989
   - 1970 to 1979
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

3. When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?
   - Month
   - Year

4. How many acres is this house or mobile home on?
   - Less than 1 acre
   - 1 to 9.9 acres
   - 10 or more acres

5. IN THE PAST 12 MONTHS, 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

6. Does this house, apartment, or mobile home have –
   a. hot and cold running water?
   b. a bathtub or shower?
   c. a sink with a faucet?
   d. a stove or range?
   e. a refrigerator?
   f. telephone service from which you can both make and receive calls? Include cell phones.

7. At this house, apartment, or mobile home –
   a. do you or any member of this household own or use any of the following types of computer?
   - Desktop or laptop
   - Smartphone
   - Tablet or other portable wireless computer
   - Some other type of computer

8. a. How many separate rooms are in this house, apartment, or mobile home?
   - Rooms must be separated by built-in archways or jeffis that extend out at least 6 inches and go from floor to ceiling.
   - INCLUDE bedrooms, kitchens, etc.
   - EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.
   - Number of rooms

9. b. How many of these rooms are bedrooms?
   - Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print “0”.
   - Number of bedrooms

10. Does this house, apartment, or mobile home have –
    a. how many separate rooms are in this house, apartment, or mobile home?
    b. a sink with a faucet?
    c. a bathtub or shower?
    d. a stove or range?
    e. a refrigerator?
    f. telephone service from which you can both make and receive calls? Include cell phones.

11. At this house, apartment, or mobile home –
    a. do you or any member of this household own or use any of the following types of computer?
    - Desktop or laptop
    - Smartphone
    - Tablet or other portable wireless computer
    - Some other type of computer

12. Do you or any member of this household have access to the Internet using a –
    a. cellular data plan for a smartphone or other mobile device?
    b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?
    c. satellite Internet service installed in this household?
    d. dial-up Internet service installed in this household?
    e. some other service?
    - Specify service...
Housing (continued)

11 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

12 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

13 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   OR
   - Included in rent or condominium fee
   - No charge or electricity not used

13 b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   OR
   - Included in rent or condominium fee
   - No charge or gas not used

13 c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.
   Past 12 months’ cost – Dollars
   OR
   - Included in rent or condominium fee
   - No charge

13 d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.
   Past 12 months’ cost – Dollars
   OR
   - Included in rent or condominium fee
   - No charge or these fuels not used

14 IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.
- Yes
- No

15 Is this house, apartment, or mobile home part of a condominium?
- Yes
- No

16 Is this house, apartment, or mobile home – Mark (X) ONE box.
- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? SKIP to on the next page

*INFORMATIONAL COPY*
### Housing (continued)

**17.** What is the monthly rent for this house, apartment, or mobile home?

| Monthly amount – Dollars | $000.00 |

**18.** Does the monthly rent include any meals?

- Yes
- No

**21.** Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No ➔ SKIP to question 22a

| Monthly amount – Dollars | $000.00 |

**22.** How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

| Monthly amount – Dollars | $000.00 |

**23.** What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?

| Annual costs – Dollars | $000.00 |

### Additional Questions

**19.** What are the annual real estate taxes on THIS property?

| Annual amount – Dollars | $000.00 |

**20.** What is the annual payment for fire, hazard, and flood insurance on THIS property?

| Annual amount – Dollars | $000.00 |

**24.** Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No ➔ SKIP to D

**25.** How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

| Monthly amount – Dollars | $000.00 |

**Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.**
1. Person 1

Please copy the name of Person 1 from page 2, then continue answering questions below.

Last Name:

First Name: 

2. 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.

3. Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization
- No, not a U.S. citizen

4. When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year:

5. a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended in the last 3 months → SKIP to question 11
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person attending?

Mark (X) ONE box.

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade 1 – 12
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law school)

6. a. Does this person speak a language other than English at home?

- Yes
- No → SKIP to question 15a

b. What is this language?

7. 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 OR PRESCHOOL THROUGH GRADE 12
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11
- 12th grade – NO DIPLOMA
- HIGH SCHOOL GRADUATE
- Regular high school diploma
- GED or alternative credential
- COLLEGE OR SOME COLLEGE
- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit; no degree
- Associate’s degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, BS)
- After bachelor’s degree
- Master’s degree (for example: MA, MS, MEng, MEI, MSW, MSPh)
- Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
- Doctoral degree (for example: PhD, EdD)

8. 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.)

9. This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

10. a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to question 16
- Yes, this house → SKIP to question 15
- No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

- Name of city, town, or post office
- Name of U.S. county or municipio in Puerto Rico
- Name of U.S. state or Puerto Rico
- ZIP Code:

11. Answer question 12 if this person has a bachelor’s degree or higher. Otherwise, SKIP to question 13.

12. This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)
When did this person serve on active duty in the U.S. Armed Forces?
Mark (X) a box for EACH period in which this person served, even if just for part of the period.

Person 1 (continued)

16. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark ‘Yes’ or ‘No’ for EACH type of coverage in items a – h.
   a. Insurance through a current or former employer or union (of this person or another family member)
   b. Insurance purchased directly from an insurance company (by this person or another family member)
   c. Medicare, for people 65 and older, or people with certain disabilities
   d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   e. TRICARE or other military health care
   f. VA (including those who have ever used or enrolled for VA health care)
   g. Indian Health Service
   h. Any other type of health insurance or health coverage plan – Specify

17. a. Is this person deaf or does he/she have serious difficulty hearing?
   Yes No

18. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
   Yes No

19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   Yes No

20. What is this person’s marital status?
   a. Married?
   b. Widowed?
   c. Divorced?

21. In the PAST 12 MONTHS did this person get...
   a. Married?
   Yes No

22. How many times has this person been married?
   a. Once
   b. Two times
   c. Three or more times

23. In what year did this person last get married?
   Year

24. Has this person given birth to any children in the past 12 months?
   a. Yes
   b. No

25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   Yes No → SKIP to question 26

26. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
   a. Never served in the military
   b. On active duty for training in the Reserves or National Guard
   c. On active duty

27. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
   a. September 2001 or later
   b. August 1990 to August 2001 (including Persian Gulf War)
   c. May 1975 to July 1990
   d. Vietnam era (August 1964 to April 1975)
   e. February 1955 to July 1964
   f. Korean War (July 1950 to January 1955)
   g. January 1947 to June 1950
   h. World War II (December 1941 to December 1946)
   i. November 1941 or earlier

28. a. Does this person have a VA service-connected disability rating?
   Yes (such as 0%, 10%, 20%, ..., 100%)
   No → SKIP to question 29b

29. b. What is this person’s service-connected disability rating?
   0 percent
   10 or 20 percent
   30 or 40 percent
   50 or 60 percent
   70 percent or higher
a. LAST WEEK, did this person work for pay at a job (or business)?

☐ Yes → SKIP to question 30
☐ No – Did not work (or retired) → SKIP to question 30

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

☐ Yes → SKIP to question 35a
☐ No – Did not work (or retired) → SKIP to question 35a

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 → SKIP to question 30
☐ No, outside the city/town limits → SKIP to question 30

d. Name of county

☐ Yes → SKIP to question 30
☐ No, outside the county limits → SKIP to question 30

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 (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
☐ Motorcycle
☐ Bicycle
☐ Walked
☐ Worked at home → SKIP to question 35a
☐ Other method

Answer question 29 if you marked “Car, truck, or van” in question 28. Otherwise, SKIP to question 30.

How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

Answer questions 30 – 32 if this person did NOT work last week. Otherwise, SKIP to question 33.

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

Hour

Minute

a.m.

p.m.

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

Minutes

Answer questions 32 – 34 if this person marked “Car, truck, or van” in question 31. Otherwise, SKIP to question 35.

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

a. LAST WEEK, was this person on layoff from a job?

☐ Yes → SKIP to question 35
☐ No – Layoff not working (or retired) → SKIP to question 35

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

☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 37
☐ No, because of own temporary illness
☐ No, because of all other reasons (in school, etc.) → SKIP to question 37

During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

1 to 5 years ago → SKIP to question 39

Over 5 years ago or never worked → SKIP to question 39

Yes

No

No, because of all other reasons (in school, etc.)

No, because of own temporary illness

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.

a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.

☐ Yes → SKIP to question 40
☐ No → SKIP to question 40

b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

☐ 50 to 52 weeks
☐ 48 to 49 weeks
☐ 40 to 47 weeks
☐ 27 to 39 weeks
☐ 14 to 26 weeks
☐ 13 weeks or less

During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

☐ Yes → SKIP to question 42
☐ No → SKIP to question 42

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?

☐ Within the past 12 months
☐ 1 to 5 years ago → SKIP to question 39
☐ Over 5 years ago or never worked → SKIP to question 39

During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

☐ Yes → SKIP to question 42
☐ No → SKIP to question 42

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?

☐ Within the past 12 months
☐ 1 to 5 years ago → SKIP to question 39
☐ Over 5 years ago or never worked → SKIP to question 39

During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

1 to 5 years ago → SKIP to question 39

Over 5 years ago or never worked → SKIP to question 39

Yes

No

No, because of all other reasons (in school, etc.)

No, because of own temporary illness

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.

a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.

☐ Yes → SKIP to question 40
☐ No → SKIP to question 40

b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

☐ 50 to 52 weeks
☐ 48 to 49 weeks
☐ 40 to 47 weeks
☐ 27 to 39 weeks
☐ 14 to 26 weeks
☐ 13 weeks or less

During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

☐ Yes → SKIP to question 42
☐ No → SKIP to question 42

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?

☐ Within the past 12 months
☐ 1 to 5 years ago → SKIP to question 39
☐ Over 5 years ago or never worked → SKIP to question 39

During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

1 to 5 years ago → SKIP to question 39

Over 5 years ago or never worked → SKIP to question 39

Yes

No

No, because of all other reasons (in school, etc.)

No, because of own temporary illness

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.
Person 1 (continued)

1. Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY: Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person –
[ ] an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
[ ] an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
[ ] a local GOVERNMENT employee (city, county, etc.)?
[ ] a state GOVERNMENT employee?
[ ] a Federal GOVERNMENT employee?
[ ] SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
[ ] SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
[ ] working WITHOUT PAY in family business or farm?
[ ] 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

42. For whom did this person work?

If none (X) ONE box.
[ ] an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
[ ] an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
[ ] a local GOVERNMENT employee (city, county, etc.)?
[ ] a state GOVERNMENT employee?
[ ] a Federal GOVERNMENT employee?
[ ] SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
[ ] SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
[ ] working WITHOUT PAY in family business or farm?

Name of company, business, or other employer

43. What kind of work was this person doing?

[ ] manufacturing?
[ ] wholesale trade?
[ ] retail trade?
[ ] other (agriculture, construction, service, government, etc.)?

44. Is this mainly –
[ ] manufacturing?
[ ] wholesale trade?
[ ] retail trade?
[ ] other (agriculture, construction, service, government, etc.)?

45. What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

46. For whom did this person work?

If none (X) ONE box.
[ ] an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
[ ] an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
[ ] a local GOVERNMENT employee (city, county, etc.)?
[ ] a state GOVERNMENT employee?
[ ] a Federal GOVERNMENT employee?
[ ] SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
[ ] SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
[ ] working WITHOUT PAY in family business or farm?

Name of company, business, or other employer

47. INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

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

[ ] Yes ➔ TOTAL AMOUNT for past 12 months

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

[ ] Yes ➔ TOTAL AMOUNT for past 12 months
[ ] No ➔ Loss TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

[ ] Yes ➔ TOTAL AMOUNT for past 12 months
[ ] No ➔ Loss TOTAL AMOUNT for past 12 months

48. What were this person's most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

49. What kind of Social Security or Railroad Retirement. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

[ ] Yes ➔ TOTAL AMOUNT for past 12 months
[ ] No

50. Supplemental Security Income (SSI). Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

[ ] Yes ➔ TOTAL AMOUNT for past 12 months
[ ] No

51. Any public assistance or welfare payments from the state or local welfare office. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

[ ] Yes ➔ TOTAL AMOUNT for past 12 months
[ ] No

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

[ ] Yes ➔ TOTAL AMOUNT for past 12 months
[ ] No

53. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

[ ] Yes ➔ TOTAL AMOUNT for past 12 months
[ ] No

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

[ ] None ➔ TOTAL AMOUNT for past 12 months
[ ] Loss

55. Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.
The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.
Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
  U.S. Census Bureau
  P.O. Box 5240
  Jeffersonville, IN 47199-5240
- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use

POP: [ ] EDIT: [ ] PHONE: [ ]
EDIT CLERK: [ ] TELEPHONE CLERK: [ ]
JIC1: [ ] JIC2: [ ]
JIC3: [ ] JIC4: [ ]

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use “Paperwork Project 0607-0810 and 0607-0936” as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(INFO)(2016) (07-08-2015)