U.S. CENSUS BUREAU

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration



THE American Community Survey

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

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

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



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

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

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-877-833-5625**. Usted también puede pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

For more information about the American Community Survey, visit our web site at: http://www.census.gov/acs/www/

USCENSUSBUREAU



Store Novo	
Start Here	
Please print today's date. Month Day Year	
Please print the name and telephone number of t filling out this form. We may contact you if there is a	
Last Name	, ducition.
First Name	MI
Area Code + Number	
 How many people are living or staying at this add INCLUDE everyone who is living or staying here for 	
• INCLUDE yourself if you are living here for more that	an 2 months.
 INCLUDE anyone else staying here who does not ha stay, even if they are here for 2 months or less. 	ave another place to
 DO NOT INCLUDE anyone who is living somewhere 2 months, such as a college student living away or so 	
Armed Forces on deployment. Number of people	
Fill out pages 2, 3, and 4 for everyone, including	vourself, who is
living or staying at this address for more than 2 m complete the rest of the form.	nonths. Then
FORM ACS-1(INFO)(2008)KFI (07-31-2007)	OMB No. 0607-0810

	Person 1					Person 2					
	or ap	son 1 is the person living partment is owned, being	g bought,	or rented.	If there is no such	•		It is Person 2's name? Name (<i>Please print</i>)	First N	ame	MI
0	Wha	on, start with the name o It is Person 1's name? Name (<i>Please print</i>)	·	First Name		2 MI		<i>v</i> is this person related t Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister	to Person 1? A	Mark (X) ONE box. Son-in-law or daug Other relative Roomer or boarder Housemate or roon Unmarried partner	
2		/ is this person related Person 1	d to Perso	on 1?				Father or mother Grandchild Parent-in-law		Foster child Other nonrelative	
Ι		t is Person 1's sex? <i>M</i> Male	ale			3		nt is Person 2's sex? Ma Male Female	9		
5	Age (Age (Qu Is Pe	At is Person 1's age and se report babies as age (Print (in years) Mont DTE: Please answer BO restion 6 about race. Fo erson 1 of Hispanic, Latino Yes, Mexican, Mexican An Yes, Puerto Rican Yes, Cuban Yes, cuban Yes, another Hispanic, Lat Argentinean, Colombian, I and so on.	0 when th t numbers th Day OTH Ques or this sur atino, or o, or Spani n., Chicanc	e child is le s in boxes. Year of b Year of b tion 5 about vey, Hispa Spanish o sh origin o nish origin	ess than 1 year old. birth ut Hispanic origin an nic origins are not ra rigin? Print origin, for examp Salvadoran, Spaniard,	le,	Age NC Qu Is Pe	At is Person 2's age and se report babies as age 0 Print r in years) Month TE: Please answer BOT estion 6 about race. For erson 2 of Hispanic, Lat No, not of Hispanic, Latino, Yes, Mexican, Mexican Am. Yes, Puerto Rican Yes, cuban Yes, another Hispanic, Latin Argentinean, Colombian, Da and so on.	when the child numbers in box Day Year H Question 5 a this survey, Hi tino, or Spanis or Spanish origin , Chicano	is less than 1 year of es. of birth about Hispanic orig spanic origins are r sh origin? n gin – Print origin, for e guan, Salvadoran, Spa	in and iot races.
		White Black, African Am., or Neg American Indian or Alaska	gro			ribe.		White Black, African Am., or Negro American Indian or Alaska N	D		cipal tribe. _₹
		Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.			Native Hawaiian Guamanian or Chamo Samoan Other Pacific Islander Print race, for examp Fijian, Tongan, and so on.	_		Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.] Japanese Korean Vietnamese	 Native Hawaiian Guamanian or 0 Samoan Other Pacific Isl Print race, for e Fijian, Tongan, so on. 	Chamorro ander – xample,
		Some other race – Print ra	ace. 🖌					Some other race – Print race	e. 📈		
2											

	Perso	n 3		P	Person 4	
What is Person 3's				hat is Person 4's name?		
ast Name (<i>Please print</i>) [First Name	MI Las	st Name (Please print)	First Nan	ne
low is this person	related to Person	1? Mark (X) ONE box.	2 Ho	ow is this person related t	to Person 1? Ma	ark (X) ONE box.
Husband or wife		Son-in-law or daug	hter-in-law	Husband or wife		Son-in-law or daughter-i
Biological son or o	laughter	Other relative		Biological son or daughter		Other relative
Adopted son or da	ughter	Roomer or boarder	· [Adopted son or daughter		Roomer or boarder
Stepson or stepda	ughter	Housemate or room	nmate	Stepson or stepdaughter		Housemate or roommate
Brother or sister		Unmarried partner		Brother or sister		Unmarried partner
Father or mother		Foster child		Father or mother		Foster child
Grandchild		Other nonrelative		Grandchild		Other nonrelative
Parent-in-law				Parent-in-law		
Vhat is Person 3's s	ov? Mark (X) ONE	- box		hat is Person 4's sex? Mai	rk (X) ONE box	
Male	Female	_ DOX.				
Ihat is Person 3's a Please report babies	age and what is F	Person 3's date of birth child is less than 1 year ol	? 4 WI	hat is Person 4's age and ease report babies as age 0 v	what is Person	4's date of birth? less than 1 year old
	Print numbers i				numbers in boxes	
ge (in years)	Month Day	Year of birth	Âg	e (in years) Month	Day Year of	f birth
Yes, Mexican, Mex Yes, Puerto Rican	kican Am., Chicano			Yes, Mexican, Mexican Am.,	, Chicano	
Argentinean, Colo and so on. Vhat is Person 3's I White Black, African Am.	mbian, Dominican, N T ace? Mark (X) ond , or Negro		eniard,	Argentinean, Colombian, Do and so on. →	ominican, Nicaragu ark (X) one or mo	an, Salvadoran, Spaniard,
Yes, another Hispa Argentinean, Colo and so on. ⊮ What is Person 3's I White Black, African Am	mbian, Dominican, N T ace? Mark (X) ond , or Negro	Nicaraguan, Salvadoran, Spa	eniard,	 Yes, Cuban Yes, another Hispanic, Latin Argentinean, Colombian, Do and so on. what is Person 4's race? Ma White Black, African Am., or Negro 	ominican, Nicaragu ark (X) one or mo	an, Salvadoran, Spaniard,
Yes, another Hispa Argentinean, Colo and so on. ⊮ What is Person 3's I White Black, African Am	mbian, Dominican, N T ace? Mark (X) ond , or Negro	vicaraguan Salvadoran, Spa e or more boxes. rint name of enrolled or princ	cipal tribe.	 Yes, Cuban Yes, another Hispanic, Latin Argentinean, Colombian, Do and so on. what is Person 4's race? Ma White Black, African Am., or Negro 	ominican, Nicaragu ark (X) one or mo	an, Salvadoran, Spaniard,
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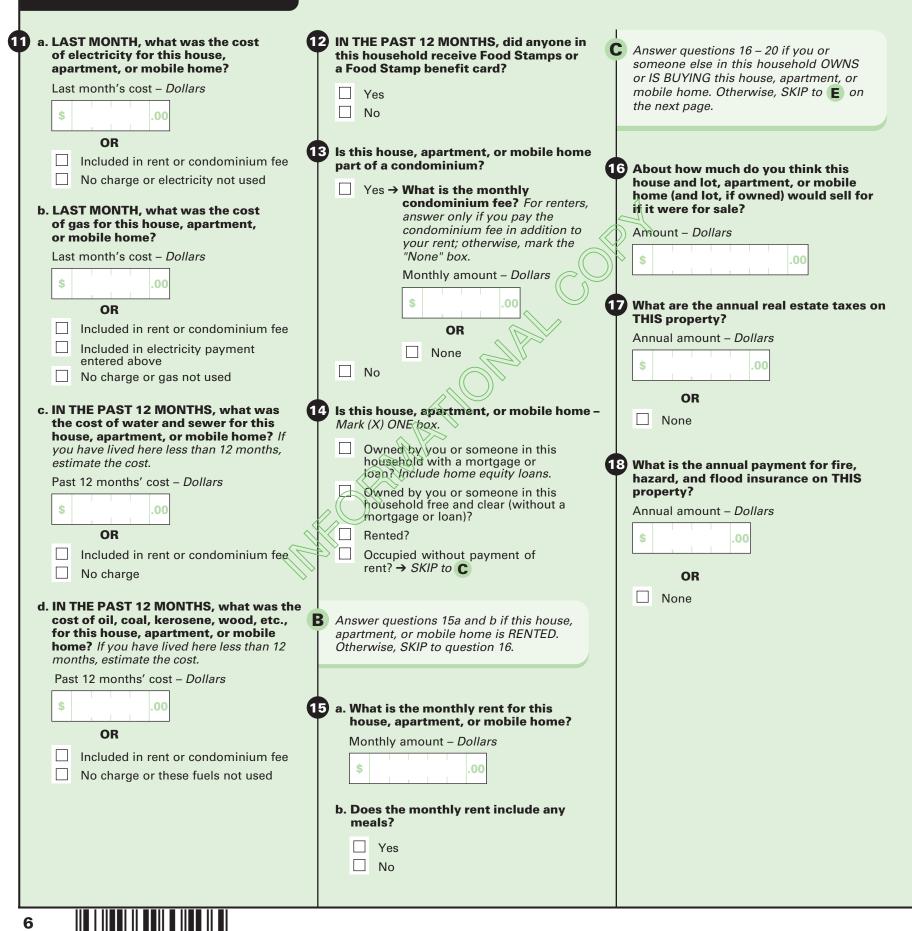
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	Person	5		print their nai	nes in the space	ople living or staying s for Person 6 throu	
What is Person 5's na Last Name (Please print)		irst Name	MI	We may call yo	u for more inform	nation about them. $\not\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	
Last Name (<i>Please print)</i>	E E	Irst Name		Person 6			
				Last Name (Plea	se print)	First Name	
How is this person re	lated to Person	1? Mark	(X) ONE box.				
Husband or wife		Sc	on-in-law or daughter-in-law				
Biological son or dat	ughter	Ot	her relative				
Adopted son or daug	ghter	Ro	oomer or boarder	Sex 🗌 Male	Female	Age (in years)	
Stepson or stepdaug	Jhter	- Ho	ousemate or roommate	Person 7			
Brother or sister		U 🗌	nmarried partner	Last Name (Plea	se print)	First Name	
Father or mother		E Fo	oster child		1		
Grandchild		Ot	her nonrelative				
Parent-in-law							
What is Person 5's se	x? Mark (X) ONE	box.		Sex 🗌 Male	Female	Age (in years)	
Male	Female						<u> </u>
What is Person 5's ag	e and what is P	erson 5's	s date of birth?	Person 8		Circt Name	
Please report babies as	age 0 when the c	hild is les	s than 1 year old.	Last Name (Plea	se print)	First Name	
Age (in years)	Print numbers in Month Day	<i>boxes.</i> Year of bi	rth				
				and the second s			
				Sex 🗌 Male	Female		
NOTE: Please answ	er BOTH Questic	n 5 abou	t Hispanic origin and ic origins are not races.			Age (in years)	
				Person 9			
Is Person 5 of Hispan	ic, Latino, or Sp	anish or	igin?	Last Name (Plea	se print)	First Name	
No, not of Hispanic,	Latino, or Spanish	origin					
Yes, Mexican, Mexic	an Am., Chicano						
Yes, Puerto Rican							
Yes, Cuban							
			$/ (\bigcirc)^{*}$	Sex 🗌 Male	Female	Age (in years)	
Yes, another Hispan Argentinean, Colom	ic, Latino, or Spanis bian, Dominican, N	sh origin –	Print origin, for example, Salvadoran, Spaniard,		Female	Age (in years)	
Yes, another Hispan Argentinean, Colom and so on. ₽	ic, Latino, or Spani: <i>bian, Dominican, N</i>	sh origin icaraguan	Print origin, for example, Salvadoran, Spaniard,	Person 10			
Yes, another Hispan Argentinean, Colom and so on. ₽	ic, Latino, or Spanis bian, Dominican, N	sh origin icaraguan	Print origin, for example, Salvadoran, Spaniard,			Age (in years) First Name	
and so on. $\overrightarrow{\nu}$			<u>ک</u> ∼	Person 10			
and so on. What is Person 5's rac			<u>ک</u> ∼	Person 10			
and so on. What is Person 5's rac White	ce? Mark (X) one		<u>ک</u> ∼	Person 10 Last Name (Plea	se print)	First Name	
and so on. What is Person 5's rac White Black, African Am., c	ce? <i>Mark (X) one</i> or Negro	or more	boxes.	Person 10 Last Name (Please Sex Male	se print)		
and so on. What is Person 5's rac White Black, African Am., c	ce? <i>Mark (X) one</i> or Negro	or more	<u>ک</u> ∼	Person 10 Last Name (Please) Sex Male Person 11	se print)	First Name	
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and so on. What is Person 5's rac White Black, African Am., c American Indian or A	ce? <i>Mark (X) one</i> or Negro Alaska Native — <i>Pri</i>	or more	boxes. f enrolled or principal tribe.	Person 10 Last Name (Please Sex Male Person 11	se print)	First Name Age (in years)	
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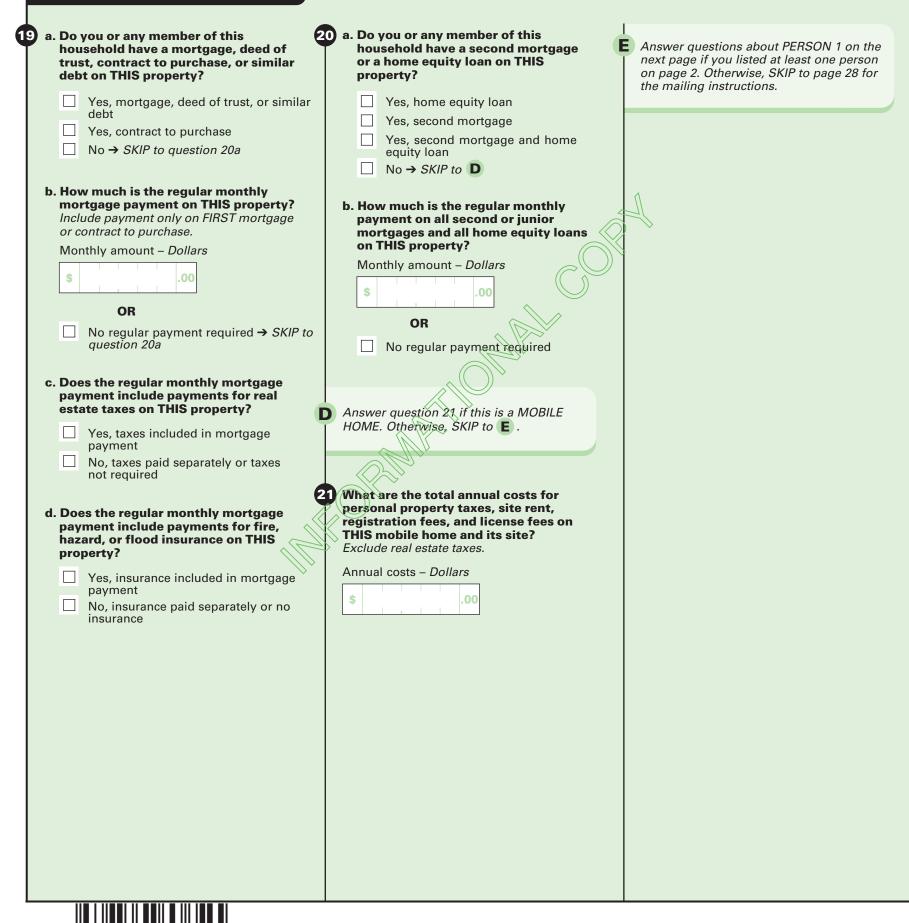
Housing

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

Housing (continued)



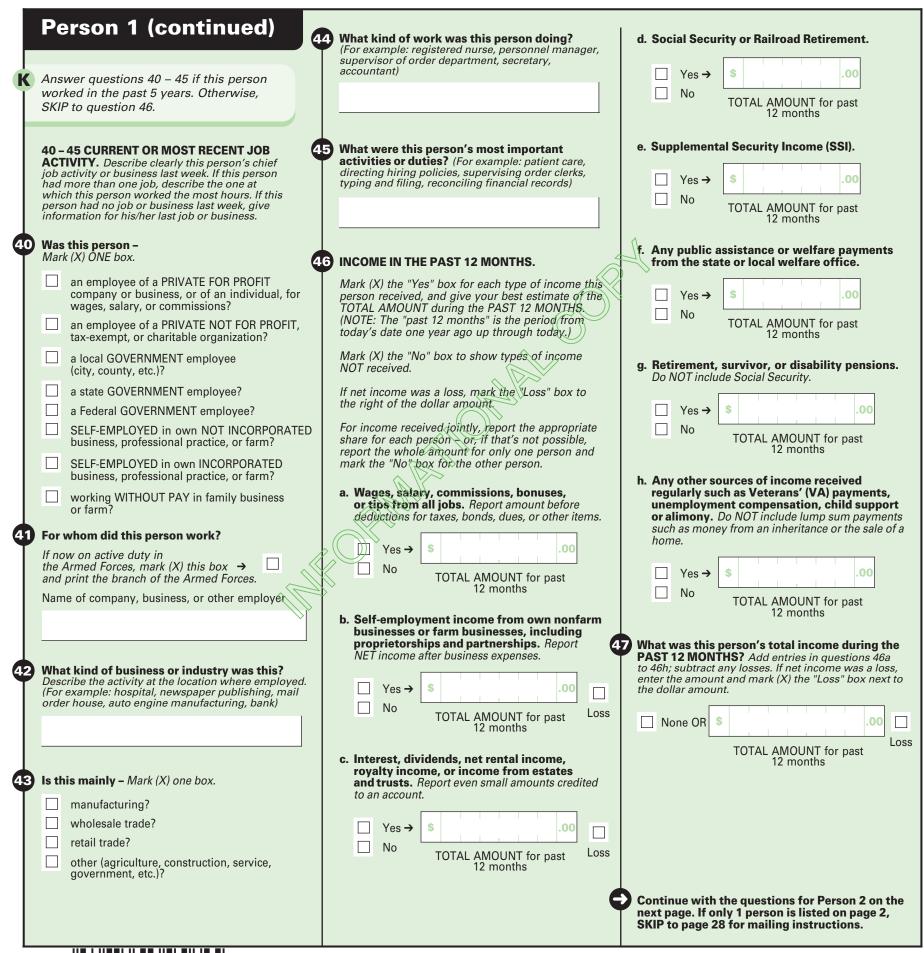
Housing (continued)



0	Person 1 Please copy the name of Person 1 from Page 2, then continue answering questions below. Last Name	 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 	 a. Did this person live in this house or apartment 1 year ago? Person is under 1 year old → SKIP to question 15 Yes, this house → SKIP to question 15 No, outside the United States and Puerto Rico - Print name of foreign country,
	First Name MI	Nursery schoolKindergarten	or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15
0	Where was this person born? In the United States – Print name of state.	Grade 1 through 11 – Specify grade 1 – 11 –	 No, different house in the United States or Puerto Rico Where did this person live 1 year ago?
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential 	Address (Number and street name)
8	Is this person a citizen of the United States? □ Yes, born in the United States → SKIP to 10a	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit	Name of city, town, or post office
	 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents 	 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) 	Name of U.S. county or municipio in Puerto Rico
	 Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen 	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	e Name of U.S. state or Puerto Rico ZIP Code
9	When did this person come to live in the United States? Print numbers in boxes. Year	 Doctorate degree (for example: PhD, EdD) What is this person's ancestry or ethnic origin? 	15 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? <i>Mark</i> "Yes" or "No" for EACH type of coverage in items a – h.
1	 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include on unsery 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 → 	(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. Insurance through a current or former employer or union (of this person or another family member) Yes No b. Insurance purchased directly from an insurance company (by this person or another family member) Image: Company (b)
	SKIP to auestion 11	3 a. Does this person speak a language other than English at home?	 c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or
	 b. What grade or level was this person attending? Mark (X) ONE box. 	$\Box Yes \\ \Box No \rightarrow SKIP \text{ to question 14a}$	any kind of government-assistance plan for those with low incomes or a disability
	 Nursery school, preschool Kindergarten Grade 1 through 12 – Specify 	b. What is this language?	e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care)
	grade 1 – 12 –	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well	 g. Indian Health Service h. Any other type of health insurance or health coverage plan - Specify
	 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) 	Well Not well Not at all	
8			

	Person 1 (continued)		
		0 In the PAST 12 MONTHS did this person get –	25 Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National
	a la this namen deaf an deas ha/she have	Yes No	Guard? Active duty does not include training for the
(16	 a. Is this person deaf or does he/she have serious difficulty hearing? 	a. Married?	Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	☐ Yes	b. Widowed?	Yes, now on active duty
	No	c. Divorced?	Yes, on active duty during
	b. Is this person blind or does he/she have	1 How many times has this person been married?	the last 12 months, but not now Yes, on active duty in the past, but not
	serious difficulty seeing even when wearing glasses?		during the last 12 months
	☐ Yes	Two times	No, training for Reserves or National Guard only \rightarrow <i>SKIP to question 27a</i>
	□ No	Three or more times	No, never served in the military \rightarrow SKIP to question 28a
	Answer question 17a – c if this person is	2 In what year did this person last get married?	6 When did this person serve on active duty in the
T	5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	Year	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	the questions for Person 2 on page 12.		September 2001 or later
			August 1990 to August 2001 (including Persian Gulf War)
Ψ	a. Because of a physical, mental, or emotional condition, does this person have serious	Answer question 23 if this person is	
	difficulty concentrating, remembering, or making decisions?	female and 15 – 50 years old. Otherwise,	September 1980 to July 1990 May 1975 to August 1980
	Yes	SKIP to question 24a.	Vietnam era (August 1964 to April 1975)
			March 1961 to July 1964
		3 Has this person given birth to any children in	February 1955 to February 1961
	b. Does this person have serious difficulty walking or climbing stairs?	the past 12 months?	Korean War (July 1950 to January 1955)
	☐ Yes	☐ Yes	January 1947 to June 1950
		No	World War II (December 1941 to December 1946)
			November 1941 or earlier
	c. Does this person have difficulty dressing or bathing?	4 a. Does this person have any of his/her own grandchildren under the age of 18 living in	
	Ves	this house or apartment?	a. Does this person have a VA service-connected disability rating?
	□ No		☐ Yes (such as 0%, 10%, 20%, , 100%)
		□ No \rightarrow SKIP to question 25	$\square No → SKIP to question 28a$
G	Answer question 18 if this person is	b. Is this grandparent currently responsible for	
I	15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?	b. What is this person's service-connected disability rating?
		Yes	0 percent
18		\square No → SKIP to guestion 25	10 or 20 percent
Τ	condition, does this person have difficulty doing errands alone such as visiting a doctor's	a. Have love has this mondmonant hoop	30 or 40 percent
	office or shopping?	c. How long has this grandparent been responsible for the(se) grandchild(ren)?	50 or 60 percent
	Yes	If the grandparent is financially responsible for more than one grandchild, answer the question	70 percent or higher
	No	for the grandchild for whom the grandparent has been responsible for the longest period of time.	
19	What is this person's marital status?	Less than 6 months	
Y		6 to 11 months	
	Now married	1 or 2 years	
	Widowed	3 or 4 years	
	Divorced Separated	5 or more years	
	$\square Separated Never married \rightarrow SKIP to H$		

Perso	n 1 (con [.]	tinued)			
			Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise,	35 D A	ring the LAST 4 WEEKS, has this person been CTIVELY looking for work?
28 a. LAST WE	EK, did this pers or business)?	on work for pay	SKIP to question 32.		Yes
	\rightarrow SKIP to guestion	n 29			No \rightarrow SKIP to question 37
	- Did not work (or	6	How many people, including this person, usually rode to work in the car, truck, or van		
b. LAST WE for pay, o	EK, did this perse even for as little a	on do ANY work as one hour?	LAST WEEK? Person(s)	jo 🕇	ST WEEK, could this person have started a b if offered one, or returned to work if called?
Yes					Yes, could have gone to work
No ·	\rightarrow SKIP to question	n 34a			No, because of own temporary illness
29 At what loo	ation did this pe		What time did this person usually leave home to go to work LAST WEEK?		No, because of all other reasons (in school, etc.)
WEEK? If th	is person worked a nt where he or she	at more than one	Hour Minute	37 W	ten did this person last work, even for a few
last week.	nt where he of she	e worked most	a.m.	da da	ýs?
a. Address	(Number and str	eet name)	p.m.)) 🏱 🛛	
					, ,
If the exa	ct address is not kn	nown, give a uch as the building	How many minutes did it usually take this person to get from home to work LAST WEEK?		Over 5 years ago or never worked \rightarrow SKIP to question 46
descriptic name or t	on of the location su he nearest street o	uch as the building r intersection.	Minutes	38 a.	During the PAST 12 MONTHS (52 weeks), did
b. Name of	city, town, or po	ost office		•	this person work 50 or more weeks? Count paid time off as work.
					$\Box \text{Yes} \rightarrow SKIP \text{ to question 39}$
			J Answer questions 34 – 37 if this person		
c. Is the wo city or to		le the limits of that	did NOT work last week. Otherwise,	h	How many weeks DID this person work, even
Yes			SKIP to quêstion 38a.		for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?
🗌 No, d	outside the city/tow	vn limits			-
d. Name of	county	e	34 a. LAST WEEK, was this person on layoff from		 50 to 52 weeks 48 to 49 weeks
			$\Box \text{Yes} \rightarrow SKIP \text{ to question 34c}$		40 to 47 weeks
e Name of	U.S. state or for	eign country			27 to 39 weeks
e. Name of	0.5. state of for		>		14 to 26 weeks
		ĭ	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?		13 weeks or less
			Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → <i>SKIP to</i>	W	uring the PAST 12 MONTHS, in the WEEKS ORKED, how many hours did this person ually work each WEEK?
			question 37 No \rightarrow SKIP to question 35		sual hours worked each WEEK
30 How did th	is person usually	get to work LAST			
method of tr	is person usually u ransportation durin ne one used for mo	ised more than one og the trip, mark (X)	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?		
	uck, or van trolley bus	Motorcycle Bicycle	$\Box \text{Yes} \rightarrow SKIP \text{ to question 36}$		
	ar or trolley car	Walked			
	y or elevated	Worked at			
Railroa	d	home → SKIP to question 38a			
Ferryb		Other method			
L Taxica	D				
10					



Person 2

The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.

MHORMAN



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	JIC1	JIC2				
		JIC3	JIC4				

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(INFO)(2008)KFI (07-31-2007)