

1970 Questionnaire

The 1970 census was taken principally by means of a separate questionnaire (a 9 1/2" X 10 7/8" booklet) for each household, completed by the respondent.

Instructions

Population inquiries 2-8 were asked for all persons. The remaining questions were asked on a sample basis: some at every fifth household (15 percent), others at every twentieth household (5 percent), and some at both (20 percent).

Except for questions on Spanish origin or descent, citizenship, year of immigration, vocational training completed, presence and duration of disability, and activity 5 years ago, the 1970 population items were comparable to those in 1960.

All answers were designed for self-identification on the part of the respondent, but the enumerator was allowed to fill in blanks by observation when this was possible. For item 4 (color or race), it was assumed that the respondent's relatives living in the unit were also of the same race unless the census taker learned otherwise. The enumerator's manual included a long list of possible

written-in entries and how they were to be classified: For example, "Chicano," "LaRaza," "Mexican American," "Moslem," or "Brown" were to be changed to White, while "Brown (Negro)" would be considered as Negro or Black for census purposes.

Although not specified on the questionnaire, the enumerator was instructed to limit question 25 (children ever born) to mothers who were or had been married unless a son or daughter had been listed.

The housing items were part of the household questionnaire. Except for the elimination of the inquiries on condition and land used for farming, and the addition of items on dishwashers and second homes, the 1970 housing items were much the same as those used in 1960.

The 1970 definition of a housing unit specified "complete kitchen facilities" rather than just cooking equipment as in 1960.

Question A and H1 through H12 were asked for all housing units, and H13 through H30 on a sample basis only. At vacant units, the enumerator completed only those items marked with a double underscore.

80, 15, and 5 percent (100 percent)

Page 2

DO NOT MARK THIS COLUMN	Line No.	1. WHAT IS THE NAME OF EACH PERSON who was living here on Wednesday, April 1, 1970 or who was staying or visiting here and had no other home?		2. HOW IS EACH PERSON RELATED TO THE HEAD OF THIS HOUSEHOLD?		3. SEX	4. COLOR OR RACE	DATE OF BIRTH			8. WHAT IS EACH PERSON'S MARITAL STATUS?		
		Print name in this order	Head of household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	Fill one circle.	Fill one circle.			Print	Fill one circle	Fill one circle for first three numbers		Fill one circle for last number	Fill one circle
	1	Last name	Head of household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	Head of household Wife of head Son or daughter of head Other relative of head—Print exact relationship	Roomer, boarder, lodger Patient or inmate Other not related to head—Print exact relationship	Male Female	White Negro or Black Indian (Amer.) Japanese Chinese Filipino Hawaiian Korean Other—Print race	Month Year Age	Jan.-Mar. Apr.-June July-Sept. Oct.-Dec.	186-192 187-193 188-194 189-195 190-196 191-197	0 1 2 3 4 9	5 6 7 8 9 Never married	
	2	Last name	Head of household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	Head of household Wife of head Son or daughter of head Other relative of head—Print exact relationship	Roomer, boarder, lodger Patient or inmate Other not related to head—Print exact relationship	Male Female	White Negro or Black Indian (Amer.) Japanese Chinese Filipino Hawaiian Korean Other—Print race	Month Year Age	Jan.-Mar. Apr.-June July-Sept. Oct.-Dec.	186-192 187-193 188-194 189-195 190-196 191-197	0 1 2 3 4 9	5 6 7 8 9 Never married	
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	4	Last name	Head of household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	Head of household Wife of head Son or daughter of head Other relative of head—Print exact relationship	Roomer, boarder, lodger Patient or inmate Other not related to head—Print exact relationship	Male Female	White Negro or Black Indian (Amer.) Japanese Chinese Filipino Hawaiian Korean Other—Print race	Month Year Age	Jan.-Mar. Apr.-June July-Sept. Oct.-Dec.	186-192 187-193 188-194 189-195 190-196 191-197	0 1 2 3 4 9	5 6 7 8 9 Never married	
	5	Last name	Head of household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	Head of household Wife of head Son or daughter of head Other relative of head—Print exact relationship	Roomer, boarder, lodger Patient or inmate Other not related to head—Print exact relationship	Male Female	White Negro or Black Indian (Amer.) Japanese Chinese Filipino Hawaiian Korean Other—Print race	Month Year Age	Jan.-Mar. Apr.-June July-Sept. Oct.-Dec.	186-192 187-193 188-194 189-195 190-196 191-197	0 1 2 3 4 9	5 6 7 8 9 Never married	
	6	Last name	Head of household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	Head of household Wife of head Son or daughter of head Other relative of head—Print exact relationship	Roomer, boarder, lodger Patient or inmate Other not related to head—Print exact relationship	Male Female	White Negro or Black Indian (Amer.) Japanese Chinese Filipino Hawaiian Korean Other—Print race	Month Year Age	Jan.-Mar. Apr.-June July-Sept. Oct.-Dec.	186-192 187-193 188-194 189-195 190-196 191-197	0 1 2 3 4 9	5 6 7 8 9 Never married	
	7	Last name	Head of household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	Head of household Wife of head Son or daughter of head Other relative of head—Print exact relationship	Roomer, boarder, lodger Patient or inmate Other not related to head—Print exact relationship	Male Female	White Negro or Black Indian (Amer.) Japanese Chinese Filipino Hawaiian Korean Other—Print race	Month Year Age	Jan.-Mar. Apr.-June July-Sept. Oct.-Dec.	186-192 187-193 188-194 189-195 190-196 191-197	0 1 2 3 4 9	5 6 7 8 9 Never married	
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	9. If you used all 8 lines—Are there any other persons in this household?		Yes No	10. Did you leave anyone out of Question 1 because you were not sure if he should be listed—for example, a new baby still in the hospital, or a lodger who also has another home?		Yes No	11. Did you list anyone in Question 1 who is away from home now—for example, on a vacation or in a hospital?		Yes No	12. Did anyone stay here on Tuesday, March 31, who is not already listed?			Yes No

26-1

27a. Has this person ever completed a vocational training program?
For example, in high school; as apprentice; in school of business, nursing, or trades; technical institute; or Armed Forces schools.

Yes No— Skip to 28

b. What was his main field of vocational training? Fill one circle.

Business, office work
 Nursing, other health fields
 Trades and crafts (mechanic, electrician, beautician, etc.)
 Engineering or science technician; draftsman
 Agriculture or home economics
 Other field— Specify _____

28a. Does this person have a health or physical condition which limits the kind or amount of work he can do at a job?
If 65 years old or over, skip to question 29.

Yes
 No

b. Does his health or physical condition keep him from holding any job at all?

Yes
 No

c. If "Yes" in a or b— How long has he been limited in his ability to work?

Less than 6 months 3 to 4 years
 6 to 11 months 5 to 9 years
 1 to 2 years 10 years or more

29a. Did this person work at any time last week?

<input type="radio"/> Yes— Fill this circle if this person did full- or part-time work. (Count part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm; and active duty in the Armed Forces)	<input type="radio"/> No— Fill this circle if this person did not work, or did only own housework, school work, or volunteer work.
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Skip to 30

b. How many hours did he work last week (at all jobs)?
Subtract any time off and add overtime or extra hours worked.

1 to 14 hours 40 hours
 15 to 29 hours 41 to 48 hours
 30 to 34 hours 49 to 59 hours
 35 to 39 hours 60 hours or more

c. Where did he work last week?
If he worked in more than one place, print where he worked most last week.
If he travels about in his work or if the place does not have a numbered address, see instruction sheet.

(1) Address (Number and street name) _____
 (2) Name of city, town, village, etc. _____
 (3) Inside the limits of this city, town, village, etc.?
 Yes
 No
 (4) County _____
 (5) State _____ (6) ZIP Code _____

d. How did he get to work last week? Fill one circle for chief means used on the last day he worked at the address given in 29c.

<input type="radio"/> Driver, private auto	<input type="radio"/> Taxicab
<input type="radio"/> Passenger, private auto	<input type="radio"/> Walked only
<input type="radio"/> Bus or streetcar	<input type="radio"/> Worked at home
<input type="radio"/> Subway or elevated	<input type="radio"/> Other means—Specify _____
<input type="radio"/> Railroad	

After completing question 29d, skip to question 33.

30. Does this person have a job or business from which he was temporarily absent or on layoff last week?

Yes, on layoff
 Yes, on vacation, temporary illness, labor dispute, etc.
 No

31a. Has he been looking for work during the past 4 weeks?

Yes No— Skip to 32

b. Was there any reason why he could not take a job last week?

Yes, already has a job
 Yes, because of this person's temporary illness
 Yes, for other reasons (in school, etc.)
 No, could have taken a job

32. When did he last work at all, even for a few days?

<input type="radio"/> In 1970	<input type="radio"/> 1964 to 1967	<input type="radio"/> 1959 or earlier	Skip to 36
<input type="radio"/> In 1969	<input type="radio"/> 1960 to 1963	<input type="radio"/> Never worked	
<input type="radio"/> In 1968			

5 percent

15 percent

15 and 5 percent

15 and 5 percent

— continued —

15 and 5 percent

5 percent

15 and 5 percent

5 percent

15 and 5 percent

33-35. Current or most recent job activity
Describe clearly this person's chief job activity or business last week, if any. If he had more than one job, describe the one at which he worked the most hours.
If this person had no job or business last week, give information for last job or business since 1960.

33. Industry
a. For whom did he work? If now on active duty in the Armed Forces, print "AF" and skip to question 36.

(Name of company, business, organization, or other employer)
b. What kind of business or industry was this? Describe activity at location where employed.

(For example: Junior high school, retail supermarket, dairy farm, TV and radio service, auto assembly plant, road construction)
c. Is this mainly— (Fill one circle)
 Manufacturing Retail trade
 Wholesale trade Other (agriculture, construction, service, government, etc.)

34. Occupation
a. What kind of work was he doing?

(For example: TV repairman, sewing machine operator, spray painter, civil engineer, farm operator, farm hand, junior high English teacher)
b. What were his most important activities or duties?

(For example: Types, keeps account books, files, sells cars, operates printing press, cleans buildings, finishes concrete)
c. What was his job title?

35. Was this person— (Fill one circle)
Employee of private company, business, or individual, for wages, salary, or commissions...
Federal government employee
State government employee.....
Local government employee (city, county, etc.)...
Self-employed in own business, professional practice, or farm—
Own business not incorporated
Own business incorporated
Working without pay in family business or farm

36. In April 1965, what State did this person live in?
 This State
OR
(Name of State or foreign country; or Puerto Rico, etc.)

37. In April 1965, was this person— (Fill three circles)
a. Working at a job or business (full or part-time)?
 Yes No
b. In the Armed Forces?
 Yes No
c. Attending college? Yes No

38. If "Yes" for "Working at a job or business" in question 37— Describe this person's chief activity or business in April 1965.
a. What kind of business or industry was this?

b. What kind of work was he doing (occupation)?

c. Was he—
An employee of a private company or government agency...
Self-employed or an unpaid family worker

39a. Last year (1969), did this person work at all, even for a few days?
 Yes No— Skip to 41

b. How many weeks did he work in 1969, either full-time or part-time? Count paid vacation, paid sick leave, and military service.
 13 weeks or less 14 to 26 weeks 27 to 39 weeks
 40 to 47 weeks 48 to 49 weeks 50 to 52 weeks

40. Earnings in 1969— Fill parts a, b, and c for everyone who worked any time in 1969 even if he had no income. (If exact amount is not known, give best estimate.)
a. How much did this person earn in 1969 in wages, salary, commissions, bonuses, or tips from all jobs? (Before deductions for taxes, bonds, dues, or other items.) \$ _____ .00 (Dollars only) OR None
b. How much did he earn in 1969 from his own nonfarm business, professional practice, or partnership? (Net after business expenses. If business lost money, write "Loss" above amount.) \$ _____ .00 (Dollars only) OR None
c. How much did he earn in 1969 from his own farm? (Net after operating expenses. Include earnings as a tenant farmer or sharecropper. If farm lost money, write "Loss" above amount.) \$ _____ .00 (Dollars only) OR None

41. Income other than earnings in 1969— Fill parts a, b, and c. (If exact amount is not known, give best estimate.)
a. How much did this person receive in 1969 from Social Security or Railroad Retirement? \$ _____ .00 (Dollars only) OR None
b. How much did he receive in 1969 from public assistance or welfare payments? Include aid for dependent children, old age assistance, general assistance, aid to the blind or totally disabled. Exclude separate payments for hospital or other medical care. \$ _____ .00 (Dollars only) OR None
c. How much did he receive in 1969 from all other sources? Include interest, dividends, veterans' payments, pensions, and other regular payments. (See instruction sheet.) \$ _____ .00 (Dollars only) OR None

Please answer questions 10, 11, and 12 at the bottom of page 2.

80, 15, and 5 percent (100 percent)

<p>A. How many living quarters, occupied and vacant, are at this address?</p> <p> <input type="radio"/> One <input type="radio"/> 2 apartments or living quarters <input type="radio"/> 3 apartments or living quarters <input type="radio"/> 4 apartments or living quarters <input type="radio"/> 5 apartments or living quarters <input type="radio"/> 6 apartments or living quarters <input type="radio"/> 7 apartments or living quarters <input type="radio"/> 8 apartments or living quarters <input type="radio"/> 9 apartments or living quarters <input type="radio"/> 10 or more apartments or living quarters <input type="radio"/> This is a mobile home or trailer </p> <p style="text-align: center;"><i>Answer these questions for your living quarters</i></p> <p>H1. Is there a telephone on which people in your living quarters can be called?</p> <p> <input type="radio"/> Yes — What is the number? _____ <input type="radio"/> No </p> <p style="text-align: right; margin-right: 50px;"><i>Phone number</i></p> <p>H2. Do you enter your living quarters—</p> <p> <input type="radio"/> Directly from the outside or through a common or public hall? <input type="radio"/> Through someone else's living quarters? </p> <p>H3. Do you have complete kitchen facilities? <i>Complete kitchen facilities are a sink with piped water, a range or cook stove, and a refrigerator.</i></p> <p> <input type="radio"/> Yes, for this household only <input type="radio"/> Yes, but also used by another household <input type="radio"/> No complete kitchen facilities for this household </p> <p>H4. How many rooms do you have in your living quarters? <i>Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.</i></p> <p> <input type="radio"/> 1 room <input type="radio"/> 6 rooms <input type="radio"/> 2 rooms <input type="radio"/> 7 rooms <input type="radio"/> 3 rooms <input type="radio"/> 8 rooms <input type="radio"/> 4 rooms <input type="radio"/> 9 rooms or more <input type="radio"/> 5 rooms </p> <p>H5. Is there hot and cold piped water in this building?</p> <p> <input type="radio"/> Yes, hot and cold piped water in this building <input type="radio"/> No, only cold piped water in this building <input type="radio"/> No piped water in this building </p> <p>H6. Do you have a flush toilet?</p> <p> <input type="radio"/> Yes, for this household only <input type="radio"/> Yes, but also used by another household <input type="radio"/> No flush toilet </p> <p>H7. Do you have a bathtub or shower?</p> <p> <input type="radio"/> Yes, for this household only <input type="radio"/> Yes, but also used by another household <input type="radio"/> No bathtub or shower </p> <p>H8. Is there a basement in this building?</p> <p> <input type="radio"/> Yes <input type="radio"/> No, built on a concrete slab <input type="radio"/> No, built in another way (include mobile homes and trailers) </p>	<p>H9. Are your living quarters—</p> <p> <input type="radio"/> Owned or being bought by you or by someone else in this household? <i>Do not include cooperatives and condominiums here.</i> <input type="radio"/> A cooperative or condominium which is owned or being bought by you or by someone else in this household? <input type="radio"/> Rented for cash rent? <input type="radio"/> Occupied without payment of cash rent? </p> <p>H10a. Is this building a one-family house?</p> <p> <input type="radio"/> Yes, a one-family house <input type="radio"/> No, a building for 2 or more families or a mobile home or trailer </p> <p>b. If "Yes"—Is this house on a place of 10 acres or more, or is any part of this property used as a commercial establishment or medical office?</p> <p> <input type="radio"/> Yes, 10 acres or more <input type="radio"/> Yes, commercial establishment or medical office <input type="radio"/> No, none of the above </p> <p>H11. If you live in a one-family house which you own or are buying— What is the value of this property; that is, how much do you think this property (house and lot) would sell for if it were for sale?</p> <p> <input type="radio"/> Less than \$5,000 <input type="radio"/> \$5,000 to \$7,499 <input type="radio"/> \$7,500 to \$9,999 <input type="radio"/> \$10,000 to \$12,499 <input type="radio"/> \$12,500 to \$14,999 <input type="radio"/> \$15,000 to \$17,499 <input type="radio"/> \$17,500 to \$19,999 <input type="radio"/> \$20,000 to \$24,999 <input type="radio"/> \$25,000 to \$34,999 <input type="radio"/> \$35,000 to \$49,999 <input type="radio"/> \$50,000 or more </p> <p style="border: 1px solid black; padding: 2px; font-size: small; margin-left: 20px;"><i>If this house is on a place of 10 acres or more, or if any part of this property is used as a commercial establishment or medical office, do not answer this question.</i></p> <p>H12. Answer this question if you pay rent for your living quarters.</p> <p>a. If rent is paid by the month—</p> <p>What is the monthly rent?</p> <p>Write amount here → \$ _____ .00 (Nearest dollar)</p> <p>and</p> <p>Fill one circle →</p> <p> <input type="radio"/> Less than \$30 <input type="radio"/> \$30 to \$39 <input type="radio"/> \$40 to \$49 <input type="radio"/> \$50 to \$59 <input type="radio"/> \$60 to \$69 <input type="radio"/> \$70 to \$79 <input type="radio"/> \$80 to \$89 <input type="radio"/> \$90 to \$99 <input type="radio"/> \$100 to \$119 <input type="radio"/> \$120 to \$149 <input type="radio"/> \$150 to \$199 <input type="radio"/> \$200 to \$249 <input type="radio"/> \$250 to \$299 <input type="radio"/> \$300 or more </p> <p>b. If rent is not paid by the month— What is the rent, and what period of time does it cover?</p> <p>\$ _____ .00 per _____ (Nearest dollar) (Week, half-month, year, etc.)</p>	<p>FOR CENSUS ENUMERATOR'S USE ONLY</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width:50%;">a4. Block number</th> <th style="width:50%;">a5. Serial number</th> </tr> </thead> <tbody> <tr><td>0 0 0 0 0</td><td>0 0 0 0 0</td></tr> <tr><td>1 0 0 0 1</td><td>1 0 0 0 1</td></tr> <tr><td>2 0 0 0 2</td><td>2 0 0 0 2</td></tr> <tr><td>3 0 0 0 3</td><td>3 0 0 0 3</td></tr> <tr><td>4 0 0 0 4</td><td>4 0 0 0 4</td></tr> <tr><td>5 0 0 0 5</td><td>5 0 0 0 5</td></tr> <tr><td>6 0 0 0 6</td><td>6 0 0 0 6</td></tr> <tr><td>7 0 0 0 7</td><td>7 0 0 0 7</td></tr> <tr><td>8 0 0 0 8</td><td>8 0 0 0 8</td></tr> <tr><td>9 0 0 0 9</td><td>9 0 0 0 9</td></tr> </tbody> </table> <p>B. Type of unit or quarters</p> <p>Occupied</p> <p> <input type="radio"/> First form <input type="radio"/> Continuation </p> <p>Vacant</p> <p> <input type="radio"/> Regular <input type="radio"/> Usual residence elsewhere <input type="radio"/> Group quarters </p> <p> <input type="radio"/> First form <input type="radio"/> Continuation </p> <p style="font-size: x-small;"><i>For a vacant unit, also fill C, D, A, H2 to H8, and H10 to H12</i></p> <p>C. Vacancy status</p> <p>Year round—</p> <p> <input type="radio"/> For rent <input type="radio"/> For sale only <input type="radio"/> Rented or sold, not occupied <input type="radio"/> Held for occasional use <input type="radio"/> Other vacant </p> <p> <input type="radio"/> Seasonal <input type="radio"/> Migratory </p> <p>D. Months vacant</p> <p> <input type="radio"/> Less than 1 month <input type="radio"/> 1 up to 2 months <input type="radio"/> 2 up to 6 months <input type="radio"/> 6 up to 12 months <input type="radio"/> 1 year up to 2 years <input type="radio"/> 2 years or more </p> <p>C/O <input type="radio"/> <input type="radio"/></p>	a4. Block number	a5. Serial number	0 0 0 0 0	0 0 0 0 0	1 0 0 0 1	1 0 0 0 1	2 0 0 0 2	2 0 0 0 2	3 0 0 0 3	3 0 0 0 3	4 0 0 0 4	4 0 0 0 4	5 0 0 0 5	5 0 0 0 5	6 0 0 0 6	6 0 0 0 6	7 0 0 0 7	7 0 0 0 7	8 0 0 0 8	8 0 0 0 8	9 0 0 0 9	9 0 0 0 9
a4. Block number	a5. Serial number																							
0 0 0 0 0	0 0 0 0 0																							
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Make no mark in this margin

Make no mark in this margin

H13. Answer question H13 if you pay rent for your living quarters.
In addition to the rent entered in H12, do you also pay for—

a. Electricity?
 Yes, average monthly cost is \$ _____ .00
 No, included in rent
 No, electricity not used
Average monthly cost

b. Gas?
 Yes, average monthly cost is \$ _____ .00
 No, included in rent
 No, gas not used
Average monthly cost

c. Water?
 Yes, yearly cost is \$ _____ .00
 No, included in rent or no charge
Yearly cost

d. Oil, coal, kerosene, wood, etc.?
 Yes, yearly cost is \$ _____ .00
 No, included in rent
 No, these fuels not used
Yearly cost

H14. How are your living quarters heated?
Fill one circle for the kind of heat you use most.

Steam or hot water system
 Central warm air furnace with ducts to the individual rooms, or central heat pump
 Built-in electric units (permanently installed in wall, ceiling, or baseboard)
 Floor, wall, or pipeless furnace
 Room heaters with flue or vent, burning gas, oil, or kerosene
 Room heaters without flue or vent, burning gas, oil, or kerosene (not portable)
 Fireplaces, stoves, or portable room heaters of any kind
 in some other way—Describe _____
 None, unit has no heating equipment

H15. About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.

1969 or 1970 1950 to 1959
 1965 to 1968 1940 to 1949
 1960 to 1964 1939 or earlier

H16. Which best describes this building?
Include all apartments, flats, etc., even if vacant.

A one-family house detached from any other house
 A one-family house attached to one or more houses
 A building for 2 families
 A building for 3 or 4 families
 A building for 5 to 9 families
 A building for 10 to 19 families
 A building for 20 to 49 families
 A building for 50 or more families
 A mobile home or trailer
 Other—
 Describe _____

H17. Is this building—

On a city or suburban lot?— Skip to H19
 On a place of less than 10 acres?
 On a place of 10 acres or more?

H18. Last year, 1969, did sales of crops, livestock, and other farm products from this place amount to—

Less than \$50 (or None) \$2,500 to \$4,999
 \$50 to \$249 \$5,000 to \$9,999
 \$250 to \$2,499 \$10,000 or more

H19. Do you get water from—

A public system (city water department, etc.) or private company?
 An individual well?
 Some other source (a spring, creek, river, cistern, etc.)?

H20. Is this building connected to a public sewer?

Yes, connected to public sewer
 No, connected to septic tank or cesspool
 No, use other means

H21. How many bathrooms do you have?
A complete bathroom is a room with flush toilet, bathtub or shower, and wash basin with piped water.
A half bathroom has at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.

No bathroom, or only a half bathroom
 1 complete bathroom
 1 complete bathroom, plus half bath(s)
 2 complete bathrooms
 2 complete bathrooms, plus half bath(s)
 3 or more complete bathrooms

H22. Do you have air-conditioning?

Yes, 1 individual room unit
 Yes, 2 or more individual room units
 Yes, a central air-conditioning system
 No

H23. How many passenger automobiles are owned or regularly used by members of your household?
Count company cars kept at home.

None
 1 automobile
 2 automobiles
 3 automobiles or more

15 and 5 percent

15 percent

The 15-percent form contains the questions shown on page 4. The 5-percent form contains the questions shown in the first column of page 4 and the questions on page 5.

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H24a. How many stories (floors) are in this building?
 1 to 3 stories
 4 to 6 stories
 7 to 12 stories
 13 stories or more

b. If 4 or more stories—
Is there a passenger elevator in this building?
 Yes No

H25a. Which fuel is used most for cooking?
 Gas { From underground pipes serving the neighborhood. Coal or coke
 Bottled, tank, or LP Wood
 Electricity..... Other fuel ..
 Fuel oil, kerosene, etc. No fuel used

b. Which fuel is used most for house heating?
 Gas { From underground pipes serving the neighborhood. Coal or coke
 Bottled, tank, or LP Wood
 Electricity..... Other fuel ..
 Fuel oil, kerosene, etc. No fuel used

c. Which fuel is used most for water heating?
 Gas { From underground pipes serving the neighborhood. Coal or coke
 Bottled, tank, or LP Wood
 Electricity..... Other fuel ..
 Fuel oil, kerosene, etc. No fuel used

H26. How many bedrooms do you have?
Count rooms used mainly for sleeping even if used also for other purposes.
 No bedroom 3 bedrooms
 1 bedroom 4 bedrooms
 2 bedrooms 5 bedrooms or more

H27a. Do you have a clothes washing machine?
 Yes, automatic or semi-automatic
 Yes, wringer or separate spinner
 No

b. Do you have a clothes dryer?
 Yes, electrically heated
 Yes, gas heated
 No

c. Do you have a dishwasher (built-in or portable)?
 Yes No

d. Do you have a home food freezer which is separate from your refrigerator?
 Yes No

H28a. Do you have a television set? Count only sets in working order.
 Yes, one set
 Yes, two or more sets
 No

b. If "Yes"— Is any set equipped to receive UHF broadcasts, that is, channels 14 to 83?
 Yes No

H29. Do you have a battery-operated radio?
Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation.
 Yes, one or more No

H30. Do you (or any member of your household) own a second home or other living quarters which you occupy sometime during the year?
 Yes No

5 percent

1980 Questionnaire

A separate questionnaire (a 10" X 11" booklet), containing both population and housing items, was used for each household, and completed by a respondent.

Page 2

ALSO ANSWER THE HOUSING QUESTIONS ON PAGE 3

Here are the QUESTIONS	PERSON in column 1		PERSON in column 2		PERSON in column 3		PERSON in column 4		PERSON in column 5		PERSON in column 6					
	First name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial				
2. How is this person related to the person in column 1? <i>Fill one circle.</i> <i>If "Other relative" of person in column 1, give exact relationship, such as mother-in-law, niece, grandson, etc.</i>	START: In this column with the household member (or one of the members) in whose name the home is owned or rented. If there is no such person, start in this column with any adult household member.		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative			
3. Sex <i>Fill one circle.</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female			
4. Is this person — <i>Fill one circle.</i>	<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <i>Print title</i>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <i>Print title</i>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <i>Print title</i>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <i>Print title</i>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <i>Print title</i>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <i>Print title</i>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <i>Print title</i>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <i>Print title</i>	
5. Age, and month and year of birth <i>a. Print age at last birthday.</i> <i>b. Print month and fill one circle.</i> <i>c. Print year in the spaces, and fill one circle below each number.</i>	a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0	
6. Marital status <i>Fill one circle.</i>	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married			
7. Is this person of Spanish/Hispanic origin or descent? <i>Fill one circle.</i>	<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic	
8. Since February 1, 1980, has this person attended regular school or college at any time? <i>Fill one circle. Count nursery school, kindergarten, elementary school, and schooling which leads to a high school diploma or college degree.</i>	<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related	
9. What is the highest grade (or year) of regular school this person has ever attended? <i>Fill one circle.</i> <i>If now attending school, mark grade person is in. If high school was finished by equivalency test (GED), mark "12."</i>	Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10	
10. Did this person finish the highest grade (or year) attended? <i>Fill one circle.</i>	<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)	
	CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N	

Name of Person 1 on page 2:
 Last name First name Middle initial

11. In what State or foreign country was this person born?
 Print the State where this person's mother was living when this person was born. Do not give the location of the hospital unless the mother's home and the hospital were in the same State.
 Name of State or foreign country; or Puerto Rico, Guam, etc.

12. If this person was born in a foreign country —
a. Is this person a naturalized citizen of the United States?
 Yes, a naturalized citizen
 No, not a citizen
 Born abroad of American parents

b. When did this person come to the United States to stay?
 1975 to 1980 1965 to 1969 1950 to 1959
 1970 to 1974 1960 to 1964 Before 1950

13a. Does this person speak a language other than English at home?
 Yes No, only speaks English — Skip to 14

b. What is this language?
 (For example — Chinese, Italian, Spanish, etc.)

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

14. What is this person's ancestry? If uncertain about how to report ancestry, see instruction guide.
 (For example: Afro-Amer., English, French, German, Honduran, Hungarian, Irish, Italian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Ukrainian, Venezuelan, etc.)

15a. Did this person live in this house five years ago (April 1, 1975)?
 If in college or Armed Forces in April 1975, report place of residence there.
 Born April 1975 or later — Turn to next page for next person
 Yes, this house — Skip to 16
 No, different house

b. Where did this person live five years ago (April 1, 1975)?
 (1) State, foreign country, Puerto Rico, Guam, etc.:
 (2) County:
 (3) City, town, village, etc.:
 (4) Inside the incorporated (legal) limits of that city, town, village, etc.?
 Yes No, in unincorporated area

16. When was this person born?
 Born before April 1965 — Please go on with questions 17-33
 Born April 1965 or later — Turn to next page for next person

17. In April 1975 (five years ago) was this person —
a. On active duty in the Armed Forces?
 Yes No

b. Attending college?
 Yes No

c. Working at a job or business?
 Yes, full time No
 Yes, part time

18a. Is this person a veteran of active-duty military service in the Armed Forces of the United States?
 If service was in National Guard or Reserves only, see instruction guide.
 Yes No — Skip to 19

b. Was active-duty military service during —
 Fill a circle for each period in which this person served.
 May 1975 or later
 Vietnam era (August 1964—April 1975)
 February 1955—July 1964
 Korean conflict (June 1950—January 1955)
 World War II (September 1940—July 1947)
 World War I (April 1917—November 1918)
 Any other time

19. Does this person have a physical, mental, or other health condition which has lasted for 6 or more months and which . . .

a. Limits the kind or amount of work this person can do at a job? Yes No
 Yes No

b. Prevents this person from working at a job? Yes No

c. Limits or prevents this person from using public transportation? Yes No

20. If this person is a female —
 How many babies has she ever had, not counting stillbirths?
 Do not count her stepchildren or children she has adopted.
 None 1 2 3 4 5 6
 None 1 2 3 4 5 6
 7 8 9 10 11 12 or more
 7 8 9 10 11 12 or more

21. If this person has ever been married —
a. Has this person been married more than once?
 Once More than once

b. Month and year of marriage? Month and year of first marriage?
 (Month) (Year) (Month) (Year)

c. If married more than once — Did the first marriage end because of the death of the husband (or wife)?
 Yes No

22a. Did this person work at any time last week?
 Yes — Fill this circle if this person worked full time or part time. (Count part-time work such as delivering papers, or helping without pay in a family business or farm. Also count active duty in the Armed Forces.)
 No — Fill this circle if this person did not work, or did only own housework, school work, or volunteer work.
 Skip to 25

b. How many hours did this person work last week (at all jobs)?
 Subtract any time off; add overtime or extra hours worked.
 Hours

23. At what location did this person work last week?
 If this person worked at more than one location, print where he or she worked most last week.
 If one location cannot be specified, see instruction guide.

a. Address (Number and street)
 If street address is not known, enter the building name, shopping center, or other physical location description.

b. Name of city, town, village, borough, etc.

c. Is the place of work inside the incorporated (legal) limits of that city, town, village, borough, etc.?
 Yes No, in unincorporated area

d. County

e. State **f. ZIP Code**

24a. Last week, how long did it usually take this person to get from home to work (one way)?
 Minutes

b. How did this person usually get to work last week?
 If this person used more than one method, give the one usually used for most of the distance.
 Car Taxicab
 Truck Motorcycle
 Van Bicycle
 Bus or streetcar Walked only
 Railroad Worked at home
 Subway or elevated Other — Specify

If car, truck, or van in 24b, go to 24c. Otherwise, skip to 28.

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Per. No.	11.	13b.	14.	15b.	23.	VL	24a.
1	0 0 0	0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0	0 0
2	1 1 1	1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1	1 1
3	2 2 2	2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2	2 2
4	3 3 3	3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3	3 3
5	4 4 4	4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4	4 4
6	5 5 5	5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5	5 5
7	6 6 6	6 6 6	6 6 6 6 6 6	6 6 6 6 6 6	6 6 6 6 6 6	6 6 6	6 6
8	7 7 7	7 7 7	7 7 7 7 7 7	7 7 7 7 7 7	7 7 7 7 7 7	7 7 7	7 7
9	8 8 8	8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8	8 8
0	9 9 9	9 9 9	9 9 9 9 9 9	9 9 9 9 9 9	9 9 9 9 9 9	9 9 9	9 9

Name of Person 1 on page 2:
 Last name First name Middle initial

11. In what State or foreign country was this person born?
 Print the State where this person's mother was living when this person was born. Do not give the location of the hospital unless the mother's home and the hospital were in the same State.
 Name of State or foreign country; or Puerto Rico, Guam, etc.

12. If this person was born in a foreign country —
 a. Is this person a naturalized citizen of the United States?
 b. When did this person come to the United States to stay?
 c. How well does this person speak English?

13a. Does this person speak a language other than English at home?
 b. What is this language?
 c. How well does this person speak English?

14. What is this person's ancestry? If uncertain about how to report ancestry, see instruction guide.
 (For example: Afro-Amer., English, French, German, Honduran, Hungarian, Irish, Italian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Ukrainian, Venezuelan, etc.)

15a. Did this person live in this house five years ago (April 1, 1975)?
 b. Where did this person live five years ago (April 1, 1975)?

16. When was this person born?
 17. In April 1975 (five years ago) was this person —
 a. On active duty in the Armed Forces?
 b. Attending college?
 c. Working at a job or business?

18a. Is this person a veteran of active-duty military service in the Armed Forces of the United States?
 b. Was active-duty military service during —

19. Does this person have a physical, mental, or other health condition which has lasted for 6 or more months and which . . .

20. If this person is a female —
 How many babies has she ever had, not counting stillbirths?
 Do not count her stepchildren or children she has adopted.

21. If this person has ever been married —
 a. Has this person been married more than once?
 b. Month and year of marriage?
 c. If married more than once — Did the first marriage end because of the death of the husband (or wife)?

22a. Did this person work at any time last week?
 b. How many hours did this person work last week (at all jobs)?
 Hours

23. At what location did this person work last week?
 a. Address (Number and street)
 b. Name of city, town, village, borough, etc.
 c. Is the place of work inside the incorporated (legal) limits of that city, town, village, borough, etc.?
 d. County
 e. State f. ZIP Code

24a. Last week, how long did it usually take this person to get from home to work (one way)?
 Minutes
 b. How did this person usually get to work last week?
 If car, truck, or van in 24b, go to 24c. Otherwise, skip to 28.

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Per. No.	11.	13b.	14.	15b.	23.	VL	24a.
1	0 0 0	0 0 0	0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0	0 0
2	1 1 1	1 1 1	1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1	1 1 1	1 1
3	2 2 2	2 2 2	2 2 2	2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2	2 2 2	2 2
4	3 3 3	3 3 3	3 3 3	3 3 3 3 3 3	3 3 3 3 3 3 3 3 3 3	3 3 3	3 3
5	4 4 4	4 4 4	4 4 4	4 4 4 4 4 4	4 4 4 4 4 4 4 4 4 4	4 4 4	4 4
6	5 5 5	5 5 5	5 5 5	5 5 5 5 5 5	5 5 5 5 5 5 5 5 5 5	5 5 5	5 5
7	6 6 6	6 6 6	6 6 6	6 6 6 6 6 6	6 6 6 6 6 6 6 6 6 6	6 6 6	6 6
8	7 7 7	7 7 7	7 7 7	7 7 7 7 7 7	7 7 7 7 7 7 7 7 7 7	7 7 7	7 7
9	8 8 8	8 8 8	8 8 8	8 8 8 8 8 8	8 8 8 8 8 8 8 8 8 8	8 8 8	8 8
0	9 9 9	9 9 9	9 9 9	9 9 9 9 9 9	9 9 9 9 9 9 9 9 9 9	9 9 9	9 9

NOW PLEASE ANSWER QUESTIONS H1-H12 FOR YOUR HOUSEHOLD

If you listed more than 7 persons in Question 1, please see note on page 20.

PERSON in column 7. Last name, First name, Middle initial, Relative of person in column 1, If not related to person in column 1, Sex, Race, Age at last birthday, Month of birth, Highest grade attended, Elementary through high school, College, CENSUS USE ONLY.

H1. Did you leave anyone out of Question 1 because you were not sure if the person should be listed... H2. Did you list anyone in Question 1 who is away from home now... H3. Is anyone visiting here who is not already listed... H4. How many living quarters, occupied and vacant, are at this address... H5. Do you enter your living quarters... H6. Do you have complete plumbing facilities in your living quarters... H7. How many rooms do you have in your living quarters... H8. Are your living quarters...

H9. Is this apartment (house) part of a condominium? H10. If this is a one-family house... H11. If you live in a one-family house or a condominium unit which you own or are buying... H12. If you pay rent for your living quarters... What is the monthly rent?

FOR CENSUS USE ONLY. A4. Block number, A6. Serial number, B. Type of unit or quarters, C1. Is this unit for..., C2. Vacancy status, C3. Is this unit boarded up?, D. Months vacant, E. Indicators, F. Total persons.

<p>H13. Which best describes this building? <i>Include all apartments, flats, etc., even if vacant.</i></p> <p><input type="radio"/> A mobile home or trailer <input type="radio"/> A one-family house detached from any other house <input type="radio"/> A one-family house attached to one or more houses <input type="radio"/> A building for 2 families <input type="radio"/> A building for 3 or 4 families <input type="radio"/> A building for 5 to 9 families <input type="radio"/> A building for 10 to 19 families <input type="radio"/> A building for 20 to 49 families <input type="radio"/> A building for 50 or more families <input type="radio"/> A boat, tent, van, etc.</p>	<p>H21a. Which fuel is used most for house heating?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input type="radio"/> No fuel used</p>	<p>CENSUS USE</p> <p>H22a.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H14a. How many stories (floors) are in this building? <i>Count an attic or basement as a story if it has any finished rooms for living purposes.</i></p> <p><input type="radio"/> 1 to 3 — Skip to H15 <input type="radio"/> 7 to 12 <input type="radio"/> 4 to 6 <input type="radio"/> 13 or more stories</p>	<p>b. Which fuel is used most for water heating?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input type="radio"/> No fuel used</p>	<p>H22b.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>b. Is there a passenger elevator in this building?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>c. Which fuel is used most for cooking?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input type="radio"/> No fuel used</p>	<p>H22c.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H15a. Is this building —</p> <p><input type="radio"/> On a city or suburban lot, or on a place of less than 1 acre? — Skip to H16 <input type="radio"/> On a place of 1 to 9 acres? <input type="radio"/> On a place of 10 or more acres?</p>	<p>H22. What are the costs of utilities and fuels for your living quarters?</p> <p>a. Electricity</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Average monthly cost</i> <input type="radio"/> Electricity not used</p>	<p>H22d.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>b. Last year, 1979, did sales of crops, livestock, and other farm products from this place amount to —</p> <p><input type="radio"/> Less than \$50 (or None) <input type="radio"/> \$250 to \$599 <input type="radio"/> \$1,000 to \$2,499 <input type="radio"/> \$50 to \$249 <input type="radio"/> \$600 to \$999 <input type="radio"/> \$2,500 or more</p>	<p>b. Gas</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Average monthly cost</i> <input type="radio"/> Gas not used</p>	<p>H22e.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H16. Do you get water from —</p> <p><input type="radio"/> A public system (city water department, etc.) or private company? <input type="radio"/> An individual drilled well? <input type="radio"/> An individual dug well? <input type="radio"/> Some other source (a spring, creek, river, cistern, etc.)?</p>	<p>c. Water</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Yearly cost</i> <input type="radio"/> These fuels not used</p>	<p>H22f.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H17. Is this building connected to a public sewer?</p> <p><input type="radio"/> Yes, connected to public sewer <input type="radio"/> No, connected to septic tank or cesspool <input type="radio"/> No, use other means</p>	<p>d. Oil, coal, kerosene, wood, etc.</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Yearly cost</i> <input type="radio"/> These fuels not used</p>	<p>H22g.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H18. About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.</p> <p><input type="radio"/> 1979 or 1980 <input type="radio"/> 1960 to 1969 <input type="radio"/> 1940 to 1949 <input type="radio"/> 1975 to 1978 <input type="radio"/> 1950 to 1959 <input type="radio"/> 1939 or earlier <input type="radio"/> 1970 to 1974</p>	<p>H23. Do you have complete kitchen facilities? Complete kitchen facilities are a sink with piped water, a range or cookstove, and a refrigerator.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>H22h.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H19. When did the person listed in column 1 move into this house (or apartment)?</p> <p><input type="radio"/> 1979 or 1980 <input type="radio"/> 1950 to 1959 <input type="radio"/> 1975 to 1978 <input type="radio"/> 1949 or earlier <input type="radio"/> 1970 to 1974 <input type="radio"/> Always lived here <input type="radio"/> 1960 to 1969</p>	<p>H24. How many bedrooms do you have? <i>Count rooms used mainly for sleeping even if used also for other purposes.</i></p> <p><input type="radio"/> No bedroom <input type="radio"/> 2 bedrooms <input type="radio"/> 4 bedrooms <input type="radio"/> 1 bedroom <input type="radio"/> 3 bedrooms <input type="radio"/> 5 or more bedrooms</p>	<p>H22i.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H20. How are your living quarters heated? <i>Fill one circle for the kind of heat used most.</i></p> <p><input type="radio"/> Steam or hot water system <input type="radio"/> Central warm-air furnace with ducts to the individual rooms <i>(Do not count electric heat pumps here)</i> <input type="radio"/> Electric heat pump <input type="radio"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboard)</p> <p><input type="radio"/> Floor, wall, or pipeless furnace <input type="radio"/> Room heaters with flue or vent, burning gas, oil, or kerosene <input type="radio"/> Room heaters without flue or vent, burning gas, oil, or kerosene (not portable) <input type="radio"/> Fireplaces, stoves, or portable room heaters of any kind <input type="radio"/> No heating equipment</p>	<p>H25. How many bathrooms do you have? <i>A complete bathroom is a room with flush toilet, bathtub or shower, and wash basin with piped water.</i> <i>A half bathroom has at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.</i></p> <p><input type="radio"/> No bathroom, or only a half bathroom <input type="radio"/> 1 complete bathroom <input type="radio"/> 1 complete bathroom, plus half bath(s) <input type="radio"/> 2 or more complete bathrooms</p>	<p>H22j.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H21. Do you have air conditioning?</p> <p><input type="radio"/> Yes, a central air-conditioning system <input type="radio"/> Yes, 1 individual room unit <input type="radio"/> Yes, 2 or more individual room units <input type="radio"/> No</p>	<p>H26. Do you have a telephone in your living quarters?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>H22k.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H28. How many automobiles are kept at home for use by members of your household?</p> <p><input type="radio"/> None <input type="radio"/> 2 automobiles <input type="radio"/> 1 automobile <input type="radio"/> 3 or more automobiles</p>	<p>H27. Do you have a telephone in your living quarters?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>H22l.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H29. How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p><input type="radio"/> None <input type="radio"/> 2 vans or trucks <input type="radio"/> 1 van or truck <input type="radio"/> 3 or more vans or trucks</p>	<p>H29. How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p><input type="radio"/> None <input type="radio"/> 2 vans or trucks <input type="radio"/> 1 van or truck <input type="radio"/> 3 or more vans or trucks</p>	<p>H22m.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>

FOR YOUR HOUSEHOLD

Please answer H30–H32 if you live in a one-family house which you own or are buying, unless this is –

- A mobile home or trailer
 - A house on 10 or more acres
 - A condominium unit
 - A house with a commercial establishment or medical office on the property
- If any of these, or if you rent your unit or this is a multi-family structure, skip H30 to H32 and turn to page 6.

H30. What were the real estate taxes on this property last year?

\$ _____ .00 OR None

H31. What is the annual premium for fire and hazard insurance on this property?

\$ _____ .00 OR None

H32a. 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 page 6

b. Do you have a second or junior mortgage on this property?

Yes No

c. How much is your total regular monthly payment to the lender?
 Also include payments on a contract to purchase and to lenders holding second or junior mortgages on this property.

\$ _____ .00 OR No regular payment required — Skip to page 6

d. Does your regular monthly payment (amount entered in H32c) include payments for real estate taxes on this property?

Yes, taxes included in payment
 No, taxes paid separately or taxes not required

e. Does your regular monthly payment (amount entered in H32c) include payments for fire and hazard insurance on this property?

Yes, insurance included in payment
 No, insurance paid separately or no insurance

Please turn to page 6

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①	2.	4.	②	2.	4.	③	2.	4.
	S.S.	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9		S.S.	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9		S.S.	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9
	Yes	0 1 2 3 4 5 6 7 8 9		Yes	0 1 2 3 4 5 6 7 8 9		Yes	0 1 2 3 4 5 6 7 8 9
④	2.	4.	⑤	2.	4.	⑥	2.	4.
	S.S.	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9		S.S.	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9		S.S.	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9
	Yes	0 1 2 3 4 5 6 7 8 9		Yes	0 1 2 3 4 5 6 7 8 9		Yes	0 1 2 3 4 5 6 7 8 9
⑦	2.	4.	GQ.	H30.	H31.	H32c.		
	S.S.	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9		
	Yes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9		

1990 QUESTIONNAIRE

The "short form" questionnaire for 1990, contained the 100-percent inquiries those asked of each member of each household. The "long form" or sample questionnaire (pictured here) included the 100-percent inquiries plus a series of population, housing, social, and economic questions asked of a sample of households.

QUESTIONS ASKED OF ALL PERSONS

PLEASE ALSO ANSWER HOUSING QUESTIONS ON PAGE 3

PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
<p>2. How is this person related to PERSON 1? Fill ONE circle for each person listed in Question 1a on page 1. If Other relative of person in column 1, fill circle and print exact relationship, such as mother-in-law, grandparent, son-in-law, race, cousin, and so on.</p>					
<p>3. Sex Fill ONE circle for each person.</p>					
<p>4. Race Fill ONE circle for the race that the person considers himself/herself to be. If Indian (Amer.), print the name of the enrolled or principal tribe. If Other Asian or Pacific Islander (API), print one group, for example, Filipino, Thai, Laotian, Thai, Tongan, Palauan, Cambodian, and so on. If Other race, print race.</p>					
<p>5. Age and year of birth a. Print each person's age at last birthday. Fill in the matching circle below each box. b. Print each person's year of birth and fill the matching circle below each box.</p>					
<p>6. Marital status Fill ONE circle for each person.</p>					
<p>7. Is this person of Spanish/Hispanic origin? Fill ONE circle for each person. If Yes, other Spanish/Hispanic, print one group.</p>					
<p>FOR CENSUS USE</p>					

EXPLANATORY NOTES

This booklet shows the content of the two 1990 census questionnaires being delivered by mail. The content of these forms was determined after review of the 1980 census experience, extensive consultation with many government and private users of census data, and a series of experimental censuses and surveys in which various alternatives were tested.

Two principal types of data-collection forms — a 100-percent questionnaire (or "short form") and a sample questionnaire (or "long form") — are being used in the census. Each household receives one of the two questionnaires.

Short form — This questionnaire contains 7 population questions and 7 housing questions, shown on pages 1-3 of this booklet. On average, about 5 in every 6 households will receive the short form. For the average household, this form will take an estimated 14 minutes to complete.

Long form — This questionnaire has all of the short-form questions plus housing questions H8 through H26, shown on pages 4 and 5, and population questions 8 through 33, shown on pages 6 and 7. The population questions are repeated for each member of the household but these pages were not reproduced in this booklet. A statistical sample of approximately 1 in every 6 households will receive the long form. For the average household, this form will take an estimated 43 minutes to complete.

An instruction guide accompanies each questionnaire to help the respondents complete the form, and a preaddressed envelope is provided for returning the questionnaire.

For additional information about the 1990 U.S. Census, please write the Director, Bureau of the Census, Washington, DC 20233.

QUESTIONS ASKED OF A SAMPLE OF HOUSEHOLDS

PLEASE ANSWER THESE QUESTIONS

PERSON 1

Last name First name Middle initial

8. In what U.S. State or foreign country was this person born?

(Name of State or foreign country; or Puerto Rico, Guam, etc.)

9. Is this person a CITIZEN of the United States?

- Yes, born in the United States — Skip to 11
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- Yes, U.S. citizen by naturalization
- No, not a citizen of the United States

10. When did this person come to the United States to stay?

- 1987 to 1990
- 1985 or 1986
- 1982 to 1984
- 1980 or 1981
- 1975 to 1979
- 1970 to 1974
- 1965 to 1969
- 1960 to 1964
- 1950 to 1959
- Before 1950

11. At any time since February 1, 1990, has this person attended regular school or college?
Include only nursery school, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended since February 1
- Yes, public school, public college
- Yes, private school, private college

12. How much school has this person COMPLETED?
Fill ONE circle for the highest level COMPLETED or degree RECEIVED. If currently enrolled, mark the level of previous grade attended or highest degree received.

- No school completed
- Nursery school
- Kindergarten
- 1st, 2nd, 3rd, or 4th grade
- 5th, 6th, 7th, 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 but no degree
- Associate degree in college - Occupational program
- Associate degree in college - Academic program
- Bachelor's degree (For example: BA, AB, BS)
- Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
- Professional school degree (For example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (For example: PhD, EdD)

13. What is this person's ancestry or ethnic origin?
(See instruction guide for further information.)

(For example: German, Italian, Afro-Amer., Croatian, Cape Verdean, Dominican, Ecuadoran, Haitian, Cajun, French Canadian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Irish, Polish, Slovak, Taiwanese, Thai, Ukrainian, etc.)

14a. Did this person live in this house or apartment 5 years ago (on April 1, 1985)?

- Born after April 1, 1985 — Go to questions for the next person
- Yes — Skip to 15a
- No

b. Where did this person live 5 years ago (on April 1, 1985)?

(1) Name of U.S. State or foreign country

(If outside U.S., print answer above and skip to 15a.)

(2) Name of county in the U.S.

(3) Name of city or town in the U.S.

(4) Did this person live inside the city or town limits?

- Yes
- No, lived outside the city/town limits

15a. Does this person speak a language other than English at home?

- Yes
- No — Skip to 16

b. What is this language?

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

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

16. When was this person born?

- Born before April 1, 1975 — Go to 17a
- Born April 1, 1975 or later — Go to questions for the next person

17a. Has this person ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? If service was in Reserves or National Guard only, see instruction guide.

- Yes, now on active duty
- Yes, on active duty in past, but not now
- Yes, service in Reserves or National Guard only — Skip to 18
- No — Skip to 18

b. Was active-duty military service during —
Fill a circle for each period in which this person served.

- September 1980 or later
- May 1975 to August 1980
- Vietnam era (August 1964—April 1975)
- February 1955—July 1964
- Korean conflict (June 1950—January 1955)
- World War II (September 1940—July 1947)
- World War I (April 1917—November 1918)
- Any other time

c. In total, how many years of active-duty military service has this person had?

Years

18. Does this person have a physical, mental, or other health condition that has lasted for 6 or more months and which —

a. Limits the kind or amount of work this person can do at a job?

- Yes
- No

b. Prevents this person from working at a job?

- Yes
- No

19. Because of a health condition that has lasted for 6 or more months, does this person have any difficulty —

a. Going outside the home alone, for example, to shop or visit a doctor's office?

- Yes
- No

b. Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?

- Yes
- No

If this person is a female —

20. How many babies has she ever had, not counting stillbirths? Do not count her stepchildren or children she has adopted.

None 1 2 3 4 5 6 7 8 9 10 11 12 or more

21a. Did this person work at any time LAST WEEK?

- Yes — Fill this circle if this person worked full time or part time. (Count part-time work such as delivering papers, or helping without pay in a family business or farm. Also count active duty in the Armed Forces.)
- No — Fill this circle if this person did not work, or did only own housework, school work, or volunteer work. — Skip to 25

b. How many hours did this person work LAST WEEK (at all jobs)? Subtract any time off; add overtime or extra hours worked.

Hours

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)

(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. County

e. State **f. ZIP Code**

The sample questionnaire also contains population questions 8 to 33, shown here on pages 6 and 7. These questions appear on pairs of facing pages of the sample form (i.e., 6 and 7, 8 and 9, etc.) for each person in the household. Note that questions 17a to 33 do not apply to persons under 15 years of age.

FOR PERSON 1 ON PAGE 2

QUESTIONS ASKED OF A SAMPLE OF HOUSEHOLDS

23a. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, fill the circle of the one used for most of the distance.

Car, truck, or van Motorcycle
 Bus or trolley bus Bicycle
 Streetcar or trolley car Walked
 Subway or elevated Worked at home
 Railroad Skip to 28
 Ferryboat Other method
 Taxicab

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 5 people
 2 people 6 people
 3 people 7 to 9 people
 4 people 10 or more people

24a. 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 — Skip to 28

25. Was this person TEMPORARILY absent or on layoff from a job or business LAST WEEK?

Yes, on layoff
 Yes, on vacation, temporary illness, labor dispute, etc.
 No

26a. Has this person been looking for work during the last 4 weeks?

Yes
 No — Skip to 27

b. Could this person have taken a job LAST WEEK if one had been offered?

No, already has a job
 No, temporarily ill
 No, other reasons (in school, etc.)
 Yes, could have taken a job

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

1990 1980 to 1984
 1989 1979 or earlier
 1988 Never worked
 1985 to 1987

Go to 28
Skip to 32

28-30. 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 since 1985.

28. Industry or Employer

a. For whom did this person work? If now on active duty in the Armed Forces, fill this circle 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 engine manufacturing, retail bakery)

c. Is this mainly — Fill ONE circle

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

29. Occupation

a. What kind of work was this person doing?

(For example: registered nurse, personnel manager, supervisor of order department, gasoline engine assembler, cake icer)

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

(For example: patient care, directing hiring policies, supervising order clerks, assembling engines, icing cakes)

30. Was this person — Fill ONE circle

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

31a. Last year (1989), did this person work, even for a few days, at a paid job or in a business or farm?

Yes
 No — Skip to 32

b. How many weeks did this person work in 1989? Count paid vacation, paid sick leave, and military service.

Weeks

c. During the weeks WORKED in 1989, how many hours did this person usually work each week?

Hours

32. INCOME IN 1989 — Fill the "Yes" circle below for each income source received during 1989. Otherwise, fill the "No" circle. If "Yes," enter the total amount received during 1989. For income received jointly, see instruction guide. If exact amount is not known, please give best estimate. If net income was a loss, write "Loss" above the dollar amount.

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

Yes
 No \$.00
 Annual amount — Dollars

b. Self-employment income from own nonfarm business, including proprietorship and partnership — Report NET income after business expenses.

Yes
 No \$.00
 Annual amount — Dollars

c. Farm self-employment income — Report NET income after operating expenses. Include earnings as a tenant farmer or sharecropper.

Yes
 No \$.00
 Annual amount — Dollars

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

Yes
 No \$.00
 Annual amount — Dollars

e. Social Security or Railroad Retirement

Yes
 No \$.00
 Annual amount — Dollars

f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments.

Yes
 No \$.00
 Annual amount — Dollars

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

Yes
 No \$.00
 Annual amount — Dollars

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 the sale of a home.

Yes
 No \$.00
 Annual amount — Dollars

33. What was this person's total income in 1989? Add entries in questions 32a through 32h; subtract any losses. If total amount was a loss, write "Loss" above amount.

None OR \$.00
 Annual amount — Dollars

Please turn to the next page and answer questions for Person 2 on page 2. If this is the last person listed in question 1a on page 1, go to the back of the form.

QUESTIONS ASKED OF ALL HOUSEHOLDS

NOW PLEASE ANSWER QUESTIONS H1a-H26 FOR YOUR HOUSEHOLD

PERSON 7

Last name _____

First name _____ Middle initial _____

If a RELATIVE of Person 1:

Husband/wife Brother/sister

Natural-born or adopted son/daughter Father/mother or Grandchild

Stepson/stepdaughter Other relative

If NOT RELATED to Person 1:

Roomer, boarder, or foster child Unmarried partner

Housemate, roommate Other nonrelative

Male Female

White

Black or Negro

Indian (Amer.) (Print the name of the enrolled or principal tribe.)

Eskimo

Aleut

Asian or Pacific Islander (API)

Chinese Japanese

Filipino Asian Indian

Hawaiian Samoan

Korean Guamanian

Vietnamese Other API

Other race (Print race)

a. Age b. Year of birth

0 0 0 0 0 1 8 0 0 0 0

1 0 1 0 1 9 0 1 0 1 0

2 0 2 0 2 0 2 0

3 0 3 0 3 0 3 0

4 0 4 0 4 0 4 0

5 0 5 0 5 0 5 0

6 0 6 0 6 0 6 0

7 0 7 0 7 0 7 0

8 0 8 0 8 0 8 0

9 0 9 0 9 0 9 0

Now married Separated

Widowed Never married

Divorced

No (not Spanish/Hispanic)

Yes, Mexican, Mexican-Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.)

H1a. Did you leave anyone out of your list of persons for Question 1a on page 1 because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?

Yes, please print the name(s) and reason(s) _____

No

b. Did you include anyone in your list of persons for Question 1a on page 1 even though you were not sure that the person should be listed — for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?

Yes, please print the name(s) and reason(s) _____

No

H2. Which best describes this building? Include all apartments, flats, etc., even if vacant.

A mobile home or trailer

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

Other

H3. How many rooms do you have in this house or apartment? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.

1 room 4 rooms 7 rooms

2 rooms 5 rooms 8 rooms

3 rooms 6 rooms 9 or more rooms

H4. Is this house or apartment —

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)?

Rented for cash rent?

Occupied without payment of cash rent?

If this is a ONE-FAMILY HOUSE —

H5a. Is this house on ten or more acres?

Yes No

b. Is there a business (such as a store or barber shop) or a medical office on this property?

Yes No

Answer only if you or someone in this household OWNS OR IS BUYING this house or apartment —

H6. What is the value of this property; that is, how much do you think this house and lot or condominium unit would sell for if it were for sale?

Less than \$10,000 \$70,000 to \$74,999

\$10,000 to \$14,999 \$75,000 to \$79,999

\$15,000 to \$19,999 \$80,000 to \$89,999

\$20,000 to \$24,999 \$90,000 to \$99,999

\$25,000 to \$29,999 \$100,000 to \$124,999

\$30,000 to \$34,999 \$125,000 to \$149,999

\$35,000 to \$39,999 \$150,000 to \$174,999

\$40,000 to \$44,999 \$175,000 to \$199,999

\$45,000 to \$49,999 \$200,000 to \$249,999

\$50,000 to \$54,999 \$250,000 to \$299,999

\$55,000 to \$59,999 \$300,000 to \$399,999

\$60,000 to \$64,999 \$400,000 to \$499,999

\$65,000 to \$69,999 \$500,000 or more

Answer only if you PAY RENT for this house or apartment —

H7a. What is the monthly rent?

Less than \$80 \$375 to \$399

\$80 to \$99 \$400 to \$424

\$100 to \$124 \$425 to \$449

\$125 to \$149 \$450 to \$474

\$150 to \$174 \$475 to \$499

\$175 to \$199 \$500 to \$524

\$200 to \$224 \$525 to \$549

\$225 to \$249 \$550 to \$599

\$250 to \$274 \$600 to \$649

\$275 to \$299 \$650 to \$699

\$300 to \$324 \$700 to \$749

\$325 to \$349 \$750 to \$999

\$350 to \$374 \$1,000 or more

b. Does the monthly rent include any meals?

Yes No

FOR CENSUS USE

A. Total persons	B. Type of unit Occupied Vacant	D. Months vacant	G. DO	ID
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> First form <input type="radio"/> Regular	<input type="radio"/> Less than 1 <input type="radio"/> 6 up to 12		
	<input type="radio"/> Cont'n <input type="radio"/> Usual home elsewhere	<input type="radio"/> 1 up to 2 <input type="radio"/> 12 up to 24		
	C1. Vacancy status	<input type="radio"/> 2 up to 6 <input type="radio"/> 24 or more		
	<input type="radio"/> For rent <input type="radio"/> For seas/rec/occ	E. Complete after	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	<input type="radio"/> For sale only <input type="radio"/> For migrant workers	<input type="radio"/> LR <input type="radio"/> TC <input type="radio"/> QA JIC 1		
	<input type="radio"/> Rented or sold, not occupied <input type="radio"/> Other vacant	<input type="radio"/> P/F <input type="radio"/> RE <input type="radio"/> I/T		
	C2. Is this unit boarded up?	<input type="radio"/> MV <input type="radio"/> ED <input type="radio"/> EN		
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> P0 <input type="radio"/> P3 <input type="radio"/> P6		
		<input type="radio"/> P1 <input type="radio"/> P4 <input type="radio"/> IA JIC 2		
		<input type="radio"/> P2 <input type="radio"/> P5 <input type="radio"/> SM		
		F. Cov.		
		<input type="radio"/> 1b <input type="radio"/> 1a <input type="radio"/> 7 <input type="radio"/> H1		

QUESTIONS ASKED OF A SAMPLE OF HOUSEHOLDS

Page 4

PLEASE ALSO ANSWER THESE

<p>H8. When did the person listed in column 1 on page 2 move into this house or apartment?</p> <p> <input type="radio"/> 1989 or 1990 <input type="radio"/> 1985 to 1988 <input type="radio"/> 1980 to 1984 <input type="radio"/> 1970 to 1979 <input type="radio"/> 1960 to 1969 <input type="radio"/> 1959 or earlier </p>	<p>H14. Which FUEL is used MOST for heating this house or apartment?</p> <p> <input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc. <input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Solar energy <input type="radio"/> Other fuel <input type="radio"/> No fuel used </p>	<p>H20. What are the yearly costs of utilities and fuels for this house or apartment? If you have lived here less than 1 year, estimate the yearly cost.</p> <p>a. Electricity</p> <p>\$ _____ .00 Yearly cost — Dollars</p> <p>OR</p> <p> <input type="radio"/> Included in rent or in condominium fee <input type="radio"/> No charge or electricity not used </p>
<p>H9. How many bedrooms do you have; that is, how many bedrooms would you list if this house or apartment were on the market for sale or rent?</p> <p> <input type="radio"/> No bedroom <input type="radio"/> 1 bedroom <input type="radio"/> 2 bedrooms <input type="radio"/> 3 bedrooms <input type="radio"/> 4 bedrooms <input type="radio"/> 5 or more bedrooms </p>	<p>H15. Do you get water from —</p> <p> <input type="radio"/> A public system such as a city water department, or private company? <input type="radio"/> An individual drilled well? <input type="radio"/> An individual dug well? <input type="radio"/> Some other source such as a spring, creek, river, cistern, etc.? </p>	<p>b. Gas</p> <p>\$ _____ .00 Yearly cost — Dollars</p> <p>OR</p> <p> <input type="radio"/> Included in rent or in condominium fee <input type="radio"/> No charge or gas not used </p>
<p>H10. Do you have COMPLETE plumbing facilities in this house or apartment; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?</p> <p> <input type="radio"/> Yes, have all three facilities <input type="radio"/> No </p>	<p>H16. Is this building connected to a public sewer?</p> <p> <input type="radio"/> Yes, connected to public sewer <input type="radio"/> No, connected to septic tank or cesspool <input type="radio"/> No, use other means </p>	<p>c. Water</p> <p>\$ _____ .00 Yearly cost — Dollars</p> <p>OR</p> <p> <input type="radio"/> Included in rent or in condominium fee <input type="radio"/> No charge </p>
<p>H11. Do you have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a range or cookstove, and 3) a refrigerator?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>	<p>H17. About when was this building first built?</p> <p> <input type="radio"/> 1989 or 1990 <input type="radio"/> 1985 to 1988 <input type="radio"/> 1980 to 1984 <input type="radio"/> 1970 to 1979 <input type="radio"/> 1960 to 1969 <input type="radio"/> 1950 to 1949 <input type="radio"/> 1940 to 1949 <input type="radio"/> 1939 or earlier <input type="radio"/> Don't know </p>	<p>d. Oil, coal, kerosene, wood, etc.</p> <p>\$ _____ .00 Yearly cost — Dollars</p> <p>OR</p> <p> <input type="radio"/> Included in rent or in condominium fee <input type="radio"/> No charge or these fuels not used </p>
<p>H12. Do you have a telephone in this house or apartment?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>	<p>H18. Is this house or apartment part of a condominium?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> <p><i>If you live in an apartment building, skip to H20.</i></p>	
<p>H13. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p> <input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 or more </p>	<p>H19a. Is this house on less than 1 acre?</p> <p> <input type="radio"/> Yes — Skip to H20 <input type="radio"/> No </p> <p>b. In 1989, what were the actual sales of all agricultural products from this property?</p> <p> <input type="radio"/> None <input type="radio"/> \$1 to \$999 <input type="radio"/> \$1,000 to \$2,499 <input type="radio"/> \$2,500 to \$4,999 <input type="radio"/> \$5,000 to \$9,999 <input type="radio"/> \$10,000 or more </p>	

The sample questionnaire contains housing questions H8 to H26 shown here on pages 4 and 5.

QUESTIONS ASKED OF A SAMPLE OF HOUSEHOLDS

QUESTIONS FOR YOUR HOUSEHOLD

<p style="text-align: center;">INSTRUCTION:</p> <p><i>Answer questions H21 TO H26, if this is a one-family house, a condominium, or a mobile home that someone in this household OWNS OR IS BUYING; otherwise, go to page 6.</i></p>	<p>H23a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?</p> <p> <input type="radio"/> Yes, mortgage, deed of trust, or similar debt <input type="radio"/> Yes, contract to purchase <input type="radio"/> No — Skip to H24a </p> <p style="text-align: right; margin-right: 20px;">} Go to H23b</p> <hr/> <p>b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.</p> <p style="text-align: center;"> \$.00 Monthly amount — Dollars </p> <p style="text-align: center;">OR</p> <p><input type="radio"/> No regular payment required — Skip to H24a</p> <hr/> <p>c. Does your regular monthly mortgage payment include payments for real estate taxes on THIS property?</p> <p> <input type="radio"/> Yes, taxes included in payment <input type="radio"/> No, taxes paid separately or taxes not required </p> <hr/> <p>d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?</p> <p> <input type="radio"/> Yes, insurance included in payment <input type="radio"/> No, insurance paid separately or no insurance </p>	<p>H24a. Do you have a second or junior mortgage or a home equity loan on THIS property?</p> <p> <input type="radio"/> Yes <input type="radio"/> No — Skip to H25 </p> <hr/> <p>b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans?</p> <p style="text-align: center;"> \$.00 Monthly amount — Dollars </p> <p style="text-align: center;">OR</p> <p><input type="radio"/> No regular payment required</p> <hr/> <p style="text-align: center;"><i>Answer ONLY if this is a CONDOMINIUM —</i></p> <p>H25. What is the monthly condominium fee?</p> <p style="text-align: center;"> \$.00 Monthly amount — Dollars </p> <hr/> <p style="text-align: center;"><i>Answer ONLY if this is a MOBILE HOME —</i></p> <p>H26. What was the total cost for personal property taxes, site rent, registration fees, and license fees on this mobile home and its site last year? Exclude real estate taxes.</p> <p style="text-align: center;"> \$.00 Yearly amount — Dollars </p>
<p>H21. What were the real estate taxes on THIS property last year?</p> <p style="text-align: center;"> \$.00 Yearly amount — Dollars </p> <p style="text-align: center;">OR</p> <p><input type="radio"/> None</p>		
<p>H22. What was the annual payment for fire, hazard, and flood insurance on THIS property?</p> <p style="text-align: center;"> \$.00 Yearly amount — Dollars </p> <p style="text-align: center;">OR</p> <p><input type="radio"/> None</p>		
		<p><i>Please turn to page 6. →</i></p>