13195011

United States® Census Bureau

American Community Survey

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

INFORMATIONAL COPY

Start Here

You have two ways to respond:



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

OR



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

Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.



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

¿NECESITA AYUDA? Llame al **1-877-833-5625.**

For more information about the American Community Survey, visit our website at: census.gov/acs

Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name MI

Area Code + Number

( ) –

How many people, including yourself, live or stay at this address?

INCLUDE...

- ✓ anyone not related to you, like roommates and other families.
- ✓ babies and children, related or unrelated, including grandchildren and foster children.
- ✓ everyone staying here now who has no other place to stay.

DO NOT INCLUDE anyone living somewhere else, such as...

- ✗ a college student living away.
- ✗ someone in the Armed Forces on deployment.

Number of people

Fill out pages 2-7 for everyone, including yourself, who is living or staying at this address. Then complete the rest of the form.

FORM **ACS-1(INFO)(2025)**
(02-28-2024)

OMB No. 0607-0810
OMB No. 0607-0936



Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

Please print today's date.

Month Day Year

1 What is Person 1's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?

[X] Person 1

3 What is Person 1's sex? *Mark (X) ONE box.*

[ ] Male [ ] Female

4 What is Person 1's age and what is Person 1's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 1 of Hispanic, Latino, or Spanish origin?

[ ] **No,** not of Hispanic, Latino, or Spanish origin

[ ] Yes, Mexican, Mexican Am., Chicano

[ ] Yes, Puerto Rican

[ ] Yes, Cuban

[ ] Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 1's race?
*Mark (X) one or more boxes **AND** print origins.*

[ ] White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*

[ ] Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

[ ] American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

[ ] Chinese [ ] Vietnamese [ ] Native Hawaiian

[ ] Filipino [ ] Korean [ ] Samoan

[ ] Asian Indian [ ] Japanese [ ] Chamorro

[ ] Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*

[ ] Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

[ ] Some other race – *Print race or origin.*

INFORMATIONAL COPY

Person 2

1 What is Person 2's name?

Last Name *(Please print)*

First Name MI

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

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

3 What is Person 2's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 What is Person 2's age and what is Person 2's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

➜ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 2 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 2's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

- ☐ Some other race – *Print race or origin.*

INFORMATIONAL COPY

Person 3

1 What is Person 3's name?

Last Name *(Please print)*

First Name MI

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

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

3 What is Person 3's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 What is Person 3's age and what is Person 3's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

➜ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 3 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 3's race?
Mark (X) one or more boxes ***AND*** *print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

- ☐ Some other race – *Print race or origin.*

INFORMATIONAL COPY

Person 4

1 What is Person 4's name?

Last Name *(Please print)*

First Name MI

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

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

3 What is Person 4's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 What is Person 4's age and what is Person 4's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

➜ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 4 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 4's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

- ☐ Some other race – *Print race or origin.*

INFORMATIONAL COPY

Person 5

1 What is Person 5's name?

Last Name *(Please print)*

First Name MI

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

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

3 What is Person 5's sex? *Mark (X) ONE box.*

☐ Male ☐ Female

4 What is Person 5's age and what is Person 5's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age (in years) Month Day Year of birth

➜ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 5 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 5's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

- ☐ Some other race – *Print race or origin.*

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If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. *We may call you for more information about them.*

Person 6

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 7

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 8

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 9

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 10

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 11

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 12

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

INFORMATIONAL COPY

Housing

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

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

- ☐ A mobile home
- ☐ A one-family house detached from any other house
- ☐ A one-family house attached to one or more houses
- ☐ A building with 2 apartments
- ☐ A building with 3 or 4 apartments
- ☐ A building with 5 to 9 apartments
- ☐ A building with 10 to 19 apartments
- ☐ A building with 20 to 49 apartments
- ☐ A building with 50 or more apartments
- ☐ Boat, RV, van, etc.

2 About when was this building first built?

- ☐ 2020 or later – *Specify year* ☐☐☐☐
- ☐ 2010 to 2019
- ☐ 2000 to 2009
- ☐ 1990 to 1999
- ☐ 1980 to 1989
- ☐ 1970 to 1979
- ☐ 1960 to 1969
- ☐ 1950 to 1959
- ☐ 1940 to 1949
- ☐ 1939 or earlier

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

Month ☐☐ Year ☐☐☐☐

A *Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.*

4 How many acres is this house or mobile home on?

- ☐ Less than 1 acre ➔ *SKIP to question 6a*
- ☐ 1 to 9.9 acres
- ☐ 10 or more acres

5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?

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

6 a. How many separate rooms are in this house, apartment, or mobile home? *Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.*

- *INCLUDE bedrooms, kitchens, etc.*
- *EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.*

Number of rooms ☐☐

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

Number of bedrooms ☐☐

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Housing (continued)

7 **Does this house, apartment, or mobile home have –**

	Yes	No
a. hot and cold running water?	☐	☐
b. a bathtub or shower?	☐	☐
c. a sink with a faucet?	☐	☐
d. a stove or range?	☐	☐
e. a refrigerator?	☐	☐

8 **Is this house, apartment, or mobile home connected to a public sewer?**

- ☐ Yes, connected to public sewer
- ☐ No, connected to septic tank
- ☐ No, use other type of system

9 **Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home?** *Include calls using cell phones, land lines, or other phone devices.*

- ☐ Yes
- ☐ No

10 **At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?**

	Yes	No
a. Desktop or laptop	☐	☐
b. Smartphone	☐	☐
c. Tablet or other portable wireless computer	☐	☐
d. Some other type of computer *Specify* ↙	☐	☐

11 **At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?**

- ☐ Yes, by paying a cell phone company or Internet service provider
- ☐ Yes, without paying a cell phone company or Internet service provider ➔ *SKIP to question 13*
- ☐ No access to the Internet at this house, apartment, or mobile home ➔ *SKIP to question 13*

12 **Do you or any member of this household have access to the Internet using a –**

	Yes	No
a. cellular data plan for a smartphone or other mobile device?	☐	☐
b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?	☐	☐
c. satellite Internet service installed in this household?	☐	☐
d. dial-up Internet service installed in this household?	☐	☐
e. some other service? *Specify service* ↙	☐	☐

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

- ☐ None ➔ *SKIP to question 15*
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

14 **Do you or any member of this household own or lease an electric vehicle?** *Include both all-electric and plug-in hybrid electric vehicles.*

- ☐ Yes
- ☐ No

15 **Which FUEL is used MOST for heating this house, apartment, or mobile home?** *Mark (X) one box for the fuel used most.*

- ☐ Gas: Natural gas from underground pipes serving the neighborhood
- ☐ Gas: Bottled or tank (propane, butane, etc.)
- ☐ Electricity
- ☐ Fuel oil, kerosene, etc.
- ☐ Coal or coke
- ☐ Wood
- ☐ Solar energy
- ☐ Other fuel
- ☐ No fuel used

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Housing (continued)

16 **Does this house, apartment, or mobile home use solar panels that generate electricity?**

- ☐ Yes
- ☐ No

17 **a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?**

Last month's cost – *Dollars*

$, .00

OR

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

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ Included in electricity payment entered above
- ☐ No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? *If you have lived here less than 12 months, estimate the cost.*

Past 12 months' cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge

d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? *If you have lived here less than 12 months, estimate the cost.*

Past 12 months' cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge or these fuels not used

18 **IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?** *Do NOT include WIC, the School Lunch Program, or assistance from food banks.*

- ☐ Yes
- ☐ No

19 **Is this house, apartment, or mobile home part of a homeowners association or condominium?**

- ☐ Yes → **What is the required monthly homeowners association fee and/or condominium fee?** *For renters, answer only if you pay the fee in addition to your rent; otherwise, mark the "None" box.*

  Monthly amount – *Dollars*

  $, .00

  OR

  ☐ None
- ☐ No

20 **Is this house, apartment, or mobile home –** *Mark (X) ONE box.*

- ☐ Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented?
- ☐ Occupied without payment of rent? → *SKIP to* **C** *on the next page*

B *Answer questions 21a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 22.*

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

Monthly amount – *Dollars*

$, .00

b. Does the monthly rent include any meals?

- ☐ Yes
- ☐ No

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Housing (continued)

C *Answer questions 22 – 26 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to* **E** .

22 About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – *Dollars*

$,, .00

23 What are the annual real estate taxes on THIS property?

Annual amount – *Dollars*

$, .00

OR

☐ None

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

Annual amount – *Dollars*

$, .00

OR

☐ None

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

☐ Yes, mortgage, deed of trust, or similar debt

☐ Yes, contract to purchase

☐ No ➔ *SKIP to question 26a*

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

Monthly amount – *Dollars*

$, .00

OR

☐ No regular payment required ➔ *SKIP to question 26a*

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

☐ Yes, taxes included in mortgage payment

☐ No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

☐ Yes, insurance included in mortgage payment

☐ No, insurance paid separately or no insurance

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

☐ Yes, home equity loan

☐ Yes, second mortgage

☐ Yes, second mortgage and home equity loan

☐ No ➔ *SKIP to* **D**

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

Monthly amount – *Dollars*

$, .00

OR

☐ No regular payment required

D *Answer question 27 if this is a MOBILE HOME. Otherwise, SKIP to* **E** .

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

Annual costs – *Dollars*

$, .00

E *Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.*

INFORMATION COPY

Person 1

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

Last Name

First Name MI

7 Where was this person born?

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

8 Is this person a citizen of the United States?

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

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

Year

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

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

b. What grade or level was this person attending? *Mark (X) ONE box.*

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

11 What is the highest grade of school or degree this person has COMPLETED? *Mark (X) ONE box. If currently enrolled, select the previous grade or highest degree received.*

LESS THAN GRADE 1

- ☐ Less than grade 1

GRADE 1 THROUGH GRADE 12

- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

- ☐ Some college credit, but less than 1 year of college credit
- ☐ 1 or more years of college credit, no degree
- ☐ Associate's degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, BS)*

AFTER BACHELOR'S DEGREE

- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

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Person 1 (continued)

F *Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.*

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

13 **What is this person's ancestry or ethnic origin?**

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 15a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 16*
- ☐ Yes, this house ➔ *SKIP to question 16*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16*
- ☐ No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

16 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.*

YES, INSURED

Mark (X) for all that apply.

- ☐ Insurance through a current or former employer, union, or professional association (of this person or another family member)
- ☐ Medicare, for people 65 and older, or people with certain disabilities
- ☐ Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability
- ☐ Insurance purchased directly from an insurance company, a broker, or a State or Federal Marketplace, such as HealthCare.gov
- ☐ Veteran's health care (enrolled for VA)
- ☐ TRICARE or other military health care
- ☐ Indian Health Service
- ☐ Any other type of health insurance or health coverage plan – *Specify*

NO, UNINSURED

- ☐ No health insurance or health coverage plan

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Person 1 (continued)

G *Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.*

17 **a. Is there a premium for this plan?** *A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.*

- ☐ Yes
- ☐ No → *SKIP to question 18a*

b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- ☐ Yes
- ☐ No

18 **a. Is this person deaf or does he/she have serious difficulty hearing?**

- ☐ Yes
- ☐ No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- ☐ Yes
- ☐ No

H *Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

19 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

20 **Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- ☐ Yes
- ☐ No

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

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married → *SKIP to* **J** *on the next page*

22 **In the PAST 12 MONTHS did this person get –**

	Yes	No
a. Married?	☐	☐
b. Widowed?	☐	☐
c. Divorced?	☐	☐

23 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

24 **In what year did this person last get married?**

Year

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Person 1 (continued)

J *Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.*

25 **In the PAST 12 MONTHS, has this person given birth to any children?**

- ☐ Yes
- ☐ No

26 **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 27*

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- ☐ Yes
- ☐ No ➔ *SKIP to question 27*

c. How long has this grandparent been responsible for these grandchildren? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- ☐ Less than 6 months
- ☐ 6 to 11 months
- ☐ 1 or 2 years
- ☐ 3 or 4 years
- ☐ 5 or more years

27 **Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?** *Mark (X) ONE box.*

- ☐ Never served in the military ➔ *SKIP to question 30a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 29a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

28 **When did this person serve on active duty in the U.S. Armed Forces?** *Mark (X) a box for EACH period in which this person served, even if just for part of the period.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

29 **a. Does this person have a VA service-connected disability rating?**

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 30a*

b. What is this person's service-connected disability rating?

- ☐ 0 percent
- ☐ 10 or 20 percent
- ☐ 30 or 40 percent
- ☐ 50 or 60 percent
- ☐ 70 percent or higher

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Person 1 (continued)

30 **a. LAST WEEK, did this person work for pay at a job (or business)?**

- ☐ Yes → *SKIP to question 31*
- ☐ No – Did not work (or retired)

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

- ☐ Yes
- ☐ No → *SKIP to question 36a*

31 **At what location did this person work LAST WEEK?** *If this person worked at more than one location, print where he or she worked most last week.*

a. Address (Number and street name)

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

b. Name of city, town, or post office

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

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

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

32 **How did this person usually get to work LAST WEEK?** *Mark (X) ONE box for the method of transportation used for most of the distance.*

- ☐ Car, truck, or van
- ☐ Bus
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home → *SKIP to question 40a*
- ☐ Other method

K *Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.*

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

Person(s)

34 **LAST WEEK, what time did this person's trip to work usually begin?**

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.*

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

- ☐ Yes → *SKIP to question 36c*
- ☐ No

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

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP to question 39*
- ☐ No → *SKIP to question 37*

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- ☐ Yes → *SKIP to question 38*
- ☐ No

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Person 1 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 39*

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

- ☐ Yes, could have gone to work
- ☐ No, because of own temporary illness
- ☐ No, because of all other reasons (in school, etc.)

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

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 43*

40 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week?** *Count paid vacation, paid sick leave, and military service as work. Include all jobs for pay.*

- ☐ Yes ➔ *SKIP to question 41*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work for at least one day? *Include weeks when this person only worked for a few hours. Include all jobs for pay. Count paid vacation, paid sick leave, and military service as work.*

Weeks

☐☐

41 **During the PAST 12 MONTHS, for the weeks worked, how many HOURS did this person usually work each WEEK?** *Include all jobs for pay and military service.*

Usual hours worked each WEEK

☐☐☐

M *Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.*

42 **DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

- ☐ **For-profit** company or organization
- ☐ **Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

d. Was this mainly – *Mark (X) ONE box.*

- ☐ manufacturing?
- ☐ wholesale trade?
- ☐ retail trade?
- ☐ other (agriculture, construction, service, government, etc.)?

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Person 1 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

43 INCOME IN THE PAST 12 MONTHS

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

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

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

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

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

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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 → $, .00
☐ No
TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS?

Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

☐ None OR $, , .00 ☐ Loss
TOTAL AMOUNT for past 12 months

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 48 for mailing instructions.

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Person 2

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

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Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2–7
- answered all Housing questions
- answered all Person questions for each person

Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

  U.S. Census Bureau
  P.O. Box 5240
  Jeffersonville, IN 47199-5240

- make sure the barcode above your address shows in the window of the return envelope

Thank you for participating in the American Community Survey.

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For Census Bureau Use

POP	EDIT	PHONE	JIC1	JIC2

EDIT CLERK	TELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(INFO)(2025) (02-28-2024)