

# The Puerto Rico Community Survey

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your community uses to plan and fund programs. Your response is important, and we keep your answers confidential.



If you need help or have questions about completing this form, please call 1-800-717-7381. The telephone call is free.

**Telephone Device for the Deaf (TDD):** Call 1–800–786–9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-814-8385.

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

### **Start Here**

Please fill out this form as soon as possible after receiving it in the mail.

This form asks for three types of information:

- basic information about the people who are living or staying at the address on the mailing label above
- specific information about this house, apartment, or mobile home
- more detailed information about each person living or staying here

What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today's date.

Last Name

First Name

MI

Area Code + Number

Today's date
(Month/Day/Year)

How many people are living or staying at this address?

Number of people

Please turn to the next page to continue.

FORM **ACS-1(2007)PR KFI** (10-17-2006)

OMB No. 0607-0810

USCENSUSBUREAU



List of Res	sidents	What is this person's sex?	What is this person's age and what is this person's date of birth?  Print numbers in boxes.	How is this person related to Person 1?	
This survey collects information about the people who are living or staying here for more than 2 months.	Person 1  Last Name (Please print)  First Name MI	☐ Male ☐ Female	Age (in years)  Month Day Year of birth	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.)	
On the List of Residents -  • Include everyone living or staying here for more than 2 months. In the Person 1 space, list one of the people living here who owns or rents this house or apartment.  Remember to include yourself on the list if	Person 2  Last Name (Please print)  First Name MI	☐ Male ☐ Female	Age (in years)  Month Day Year of birth	Relationship of Person 2 to Person 1.  Husband or wife Roomer, boarder Housemate, roommate Brother or sister Unmarried partner Grandchild Foster child In-law Other nonrelative Other relative	
you are staying here for more than 2 months.  • Include anyone staying here who does not have another place to stay, even if they are here for 2 months or less.  • Do not include anyone who is living somewhere else for more than 2 months, such as a	Person 3  Last Name (Please print)  First Name MI	☐ Male ☐ Female	Age (in years)  Month Day Year of birth	Relationship of Person 3 to Person 1.  Husband or wife Roomer, boarder Housemate, roommate Brother or sister Father or mother Unmarried partner Grandchild Foster child In-law Other nonrelative Other relative	
college student living away.  If no one is staying here for more than 2 months, do not list any names in the List of Residents.  Complete only pages 4, 5, and 6 and return the form.  If you are not sure whom to list, call	Person 4  Last Name (Please print)  First Name MI	☐ Male ☐ Female	Age (in years)  Month Day Year of birth	Relationship of Person 4 to Person 1.  Husband or wife Roomer, boarder Son or daughter Housemate, roommate Father or mother Unmarried partner Grandchild Foster child In-law Other nonrelative Other relative	
If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person	Person 5  Last Name (Please print)  First Name MI	☐ Male ☐ Female	Age (in years)  Month Day Year of birth	Relationship of Person 5 to Person 1.  Husband or wife Roomer, boarder Housemate, roommate  Brother or sister roommate  Father or mother Unmarried partner  Grandchild Foster child  In-law Other nonrelative  Other relative	
12. We may call you for more information about them.  After you complete the List of Residents, answer the questions asked at the top of pages 2 and 3 for the first five people on the list.	Person 6  Last Name (Please print)  First Name MI	Perso  Last Nam  First Nam	ne (Please print)	Person 8  Last Name (Please print)  First Name MI	

What is this person's marital status?	NOTE: Please answer BOTH Question is this person Spanish/Hispanic/Latino? Mark (X) the "No" box if not Spanish/Hispanic/Latino.		( <b>X) one or more races</b> to indicate what this e.
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, other Spanish/Hispanic/ Latino — Print group.   ✓	Black or African American  American Indian or Alaska Native — Print name of enrolled or principal tribe.	Asian Indian Chinese Guamanian or Chamorro Filipino Japanese Korean Vietnamese Other Asian — Print race.  Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race below. Some other race — Print race below. Print race.
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, other Spanish/Hispanic/ Latino — Print group.   ✓	Black or African American  American Indian or Alaska Native — Print name of enrolled or principal tribe.	Asian Indian Chinese Guamanian or Chamorro Filipino Japanese Korean Vietnamese Other Asian — Print race.  Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race below.  Some other race — Print race below.  Print race.
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, other Spanish/Hispanic/ Latino — Print group.   ✓	Black or African American  American Indian or Alaska Native — Print name of enrolled or principal tribe.	Asian Indian Chinese Guamanian or Chamorro Filipino Japanese Korean Vietnamese Other Asian — Print race.  Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race below. Some other race — Print race below. Print race.
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group.	Black or African American  American Indian or Alaska Native — Print name of enrolled or principal tribe.	Asian Indian Chinese Guamanian or Chamorro Filipino Samoan Japanese Korean Vietnamese Other Asian — Print race.
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, other Spanish/Hispanic/ Latino — Print group.   ✓	Black or African American  American Indian or Alaska Native — Print name of enrolled or principal tribe.	Asian Indian Chinese Guamanian or Chamorro Filipino Japanese Korean Vietnamese Other Asian — Print race.  Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race below.  Some other race — Print race below.  Print race.
Person 9	Person 10	Person 11	Person 12
Last Name (Please p	rint) Last Name (Please print)	Last Name (Please print)	Last Name (Please print)
First Name	MI First Name	MI First Name	MI First Name MI

# Housing



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

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.	How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?
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	products from this property?  None \$1 to \$999 \$1,000 to \$2,499	No bedroom 1 bedroom 2 bedrooms 3 bedrooms 5 or more bedrooms  Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?  Yes, has all three facilities No
Boat, RV, van, etc.  About when was this building first built?  2005 or later 2000 to 2004 1990 to 1999	\$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more   Sthere a business (such as a store or barber shop) or a medical office on this property?  Yes	Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?  Yes, has all three facilities No
☐ 1980 to 1989 ☐ 1970 to 1979 ☐ 1960 to 1969 ☐ 1950 to 1959 ☐ 1940 to 1949 ☐ 1939 or earlier  When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?  Month Year	How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.  1 room 2 rooms 3 rooms 4 rooms	Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?  Yes No  How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this
	5 rooms 6 rooms 7 rooms 8 rooms 9 or more rooms	household?  None  1  2  3  4  5  6 or more

## Housing (continued)

Which FUEL is used MOST for heating this house, apartment, or mobile home?  Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc.	for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.  a. What is the monthly rent for this
Coal or coke Wood Solar energy Other fuel No fuel used  a. LAST MONTH, what was the cost of electricity for this house,	OR  Included in rent or condominium fee  No charge or these fuels not used  At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?  Yes → What was the value of the	house, apartment, or mobile home?  Monthly amount – Dollars  .00  b. Does the monthly rent include any meals?  Yes  No
apartment, or mobile home?  Last month's cost – Dollars  OR  Included in rent or condominium fee  No charge or electricity not used	Food Stamps received during the past 12 months?  Past 12 months' value – Dollars  No	Answer questions 19–23 ONLY IF you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.  What is the value of this property; that
b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?  Last month's cost – Dollars  OR  Included in rent or condominium fee  Included in electricity payment entered above  No charge or gas not used	part of a condominium?  ☐ Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.  Monthly amount – Dollars  OR  None	is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?  Less than \$10,000 \$10,000 to \$14,999 \$15,000 to \$19,999 \$20,000 to \$24,999 \$25,000 to \$29,999 \$30,000 to \$34,999 \$35,000 to \$39,999 \$40,000 to \$49,999 \$50,000 to \$59,999
c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars  OR  Included in rent or condominium fee  No charge	Is this house, apartment, or mobile home –  Owned by you or someone in this household with a mortgage or loan?  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented for cash rent?  Occupied without payment of cash rent? → SKIP to C	\$60,000 to \$69,999 \$70,000 to \$79,999 \$80,000 to \$89,999 \$90,000 to \$99,999 \$100,000 to \$124,999 \$125,000 to \$149,999 \$150,000 to \$174,999 \$175,000 to \$199,999 \$200,000 to \$249,999 \$250,000 or more - Specify \$ \$.00

Housing (	(continued)
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What are the annual real estate taxes on THIS property?  Annual amount – Dollars  OR  None	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	Answer questions 25a—c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.
What is the annual payment for fire, hazard, and flood insurance on THIS property?  Annual amount – Dollars  OR None  None  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 23a  b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.	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   No regular payment required   No regular payment required	a. Do you or any member of this household live or stay at this address year round?  Yes → SKIP to the questions for Person 1 on the next page No  b. How many months a year do members of this household stay at this address?  Months  C. What is the main reason members of this household are staying at this address?  This is their permanent address This is their seasonal or vacation address To be close to work To attend school or college Looking for permanent housing Other reason(s) — Specify  Other reason(s) — Specify
Monthly amount – <i>Dollars</i>	Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to <b>E</b> .	
No regular payment required → SKIP to question 23a	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	Continue with the questions about PERSON 1 on the next page.





# Your answers are important! Every person in the Puerto Rico Community Survey counts.

	Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.  Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  No schooling completed  Nursery school to 4th grade	apartment 1 year ago?  ☐ Person is under 1 year old → SKIP to the questions for Person 2 on page 10. ☐ Yes, this house → SKIP to
	First Name MI	Sth grade or 6th grade  7th grade or 8th grade  9th grade	No, outside Puerto Rico or the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to
7	Where was this person born?	10th grade	
T	In the United States – <i>Print name of state.</i>	11th grade	
ı		<ul><li>☐ 12th grade – NO DIPLOMA</li><li>☐ HIGH SCHOOL GRADUATE – high school</li></ul>	No, different house in Puerto Rico or the United States
ı		DIPLOMA or the equivalent (for example: GED)	b. Where did this person live 1 year ago?
ı	Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands,	Some college credit, but less than 1 year	Name of city, town, or post office
ı	Guam, etc.	1 or more years of college, no degree	
ı		Associate degree (for example: AA, AS)  Bachelor's degree (for example: BA, AB, BS)	
	Is this review of CITIZEN of the United States?	Master's degree (for example: MA, MS, MEng,	<ul> <li>c. Did this person live inside the limits of the city or town?</li> </ul>
Ö	Is this person a CITIZEN of the United States?  ☐ Yes, born in Puerto Rico → SKIP to 10a	MEd, MSW, MBA)	Yes
ı	Yes, born in a U.S. state, District of Columbia, Guam,	Professional degree (for example: MD, DDS, DVM, LLB, JD)	No, outside the city/town limits
ı	the U.S. Virgin Islands, or Northern Marianas	Doctorate degree (for example: PhD, EdD)	·
١	Yes, born abroad of American parent or parents		Name of municipio or U.S. county
ı	Yes, U.S. citizen by naturalization  No, not a citizen of the United States	What is this person's ancestry or ethnic origin?	
9	When did this person come to live in Puerto Rico? Print numbers in boxes. Year	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian,	Enter Puerto Rico or name of U.S. state ZIP Code
10	a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.	Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.
ı	No, has not attended in the last 3	Yes	Does this person have any of the following long-lasting conditions:
ı	months → SKIP to question 11  Yes, public school, public college	No → SKIP to question 14	a. Blindness, deafness, or a severe
ı	Yes, private school, private college	b. What is this language?	vision or hearing impairment?
	b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool		b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
	☐ Kindergarten	For example: Korean, Italian, Spanish, Vietnamese	
	Grade 1 to grade 4 Grade 5 to grade 8	Uery well	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
	Grade 9 to grade 12	Well	a. Learning, remembering, or
	College undergraduate years (freshman to senior)	☐ Not well ☐ Not at all	concentrating?
	Graduate or professional school (for example: medical, dental, or law school)		b. Dressing, bathing, or getting around inside the home?

Person 1	(continued)
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G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.	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.	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
H	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961	Car, truck, or van Motorcycle   Bus or trolley bus Bicycle   Carro público Walked   Subway or elevated Worked at home → SKIP to question 33   Ferryboat Other method   Taxicab
18		<ul> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> </ul>	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
1	the past 12 months?  Yes No	In total, how many years of active-duty military service has this person had?  Less than 2 years  2 years or more	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  ☐ Yes ☐ No → SKIP to question 20	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.	Person(s)  What time did this person usually leave home to go to work LAST WEEK?
	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?	Yes  No → SKIP to question 29  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	Hour Minute a.m.
	<ul> <li>Yes</li> <li>No → SKIP to question 20</li> <li>c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more</li> </ul>	a. Address  Development or condominium name; Number and street name	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
	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	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	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
	1 or 2 years 3 or 4 years 5 or more years	c. Is the work location inside the limits of that	<ul> <li>a. LAST WEEK, was this person on layoff from a job?</li> <li>Yes → SKIP to question 29c</li> </ul>
20	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	city or town?  Yes  No, outside the city/town limits  d. Name of municipio or U.S. county	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, labor
	<ul> <li>Yes, now on active duty</li> <li>Yes, on active duty during the last 12 months, but not now</li> <li>Yes, on active duty in the past, but not during the last 12 months</li> </ul>	e. Enter Puerto Rico or name of U.S. state or foreign country	dispute, etc. → SKIP to question 32  No → SKIP to question 30  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
	<ul> <li>No, training for Reserves or National Guard only → SKIP to question 23</li> <li>No, never served in the military → SKIP to question 23</li> </ul>	f. ZIP Code	work?  ☐ Yes → SKIP to question 31 ☐ No



### Person 1 (continued)

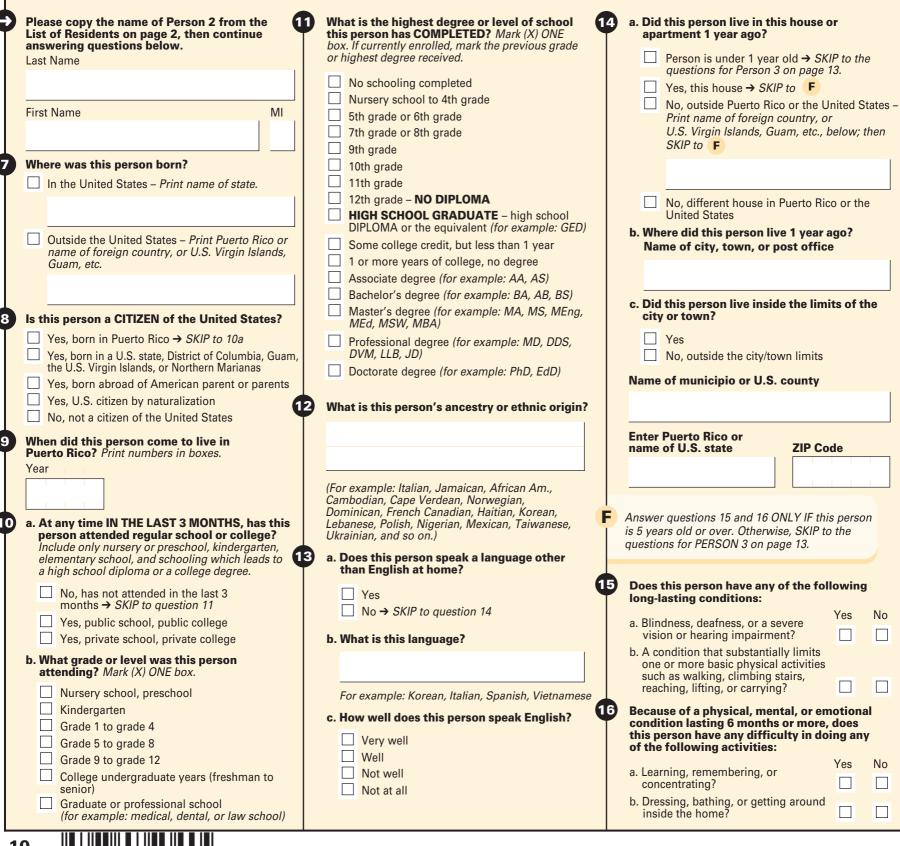
30	Has this person been looking for work during the last 4 weeks?	If now on active duty in	b. Self-employment income from own nonfarm businesses or farm businesses, including
	☐ Yes	the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	proprietorships and partnerships. Report NET income after business expenses.
	No → SKIP to question 32	Name of company, business, or other employer	□ V <sub>22</sub> \\$
31	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	rame of company, sacross, or other employer	Yes → Loss  No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work	Milest kind of husiness on industry was this?	c. Interest, dividends, net rental income, royalty
	No, because of own temporary illness	Describe the activity at the location where	income, or income from estates and trusts. Report even small amounts credited to an account.
	No, because of all other reasons (in school, etc.)	employed. (For example: hospital, newspaper publishing, mail order house, auto engine	
32	When did this person last work, even for a few days?	manufacturing, bank)	Yes → Loss No TOTAL AMOUNT for past
	☐ Within the past 12 months		12 MONTHS
	☐ 1 to 5 years ago → SKIP to question 35	Is this mainly – Mark (X) one box.	d. Social Security or Railroad Retirement.
	Over 5 years ago or never worked → SKIP to question 41	manufacturing?	☐ Yes → \$ .00
33		wholesale trade?	No TOTAL AMOUNT for past 12 MONTHS
T	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.	retail trade?	e. Supplemental Security Income (SSI).
	Weeks	other (agriculture, construction, service, government, etc.)?	
	39	What kind of work was this person doing?	Yes → No. TOTAL AMOUNT for past
		(For example: registered nurse, personnel manager, supervisor of order department, secretary,	☐ No TOTAL AMOUNT for past 12 MONTHS
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person	accountant)	f. Any public assistance or welfare payments from the state or local welfare office.
	usually work each WEEK?		from the state of local welfare office.
	Usual hours worked each WEEK		Yes → \$ .00
	40	What were this person's most important activities or duties? (For example: patient care,	☐ No TOTAL AMOUNT for past 12 MONTHS
V	Angular quartiene 25 40 ONLY IF this name	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions.
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	typing and ming, reconcining imancial records)	Do NOT include Social Security.
	to question 41.		Yes → \$ .00
	35-40 CURRENT OR MOST RECENT JOB	INCOME IN THE PAST 12 MONTHS.	☐ No TOTAL AMOUNT for past 12 MONTHS
	<b>ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person had more	Mark (X) the "Yes" box for each type of income this	h. Any other sources of income received regularly
	than one job, describe the one at which this person worked the most hours. If this person had no job or	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony.
	business last week, give information for his/her last job or business.	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person -	Mark (X) the "No" box to show types of income	
T	Mark (X) ONE box.	NOT received.	Yes → \$ .00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	No TOTAL AMOUNT for past 12 MONTHS  What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT,	For income received jointly, report the appropriate	PAST 12 MONTHS? Add entries in questions 41a to
	tax-exempt, or charitable organization?  a local GOVERNMENT employee (city, county,	share for each person – or, if that's not possible, report the whole amount for only one person and	41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
	municipio, etc.)?	mark the "No" box for the other person.	dollar amount.
	a state GOVERNMENT employee?  a Federal GOVERNMENT employee?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions	None OR \$ .00
	SELF-EMPLOYED in own NOT INCORPORATED	for taxes, bonds, dues, or other items.	TOTAL AMOUNT for past 12 MONTHS
	business, professional practice, or farm?		L055
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	☐ Yes → \$ .00	Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of
	working WITHOUT PAY in family business or farm?	☐ No TOTAL AMOUNT for past 12 MONTHS	Residents, SKIP to page 24 for mailing instructions.

**Survey information helps your community** 

schools, and more.

get financial assistance for roads, hospitals,

## Person 2





## Person 2 (continued)

G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.	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.	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
H	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?	September 2001 or later  August 1990 to August 2001 (including Persian Gulf War)  September 1980 to July 1990  May 1975 to August 1980  Vietnam era (August 1964 to April 1975)  March 1961 to July 1964  February 1955 to February 1961	Car, truck, or van Motorcycle   Bus or trolley bus Bicycle   Carro público Walked   Subway or elevated Worked at home → SKIP to question 33   Ferryboat Other method   Taxicab
18	female and 15–50 years old. Otherwise, SKIP to question 19a.  Has this person given birth to any children in	<ul> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> </ul>	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	the past 12 months?  Yes No	In total, how many years of active-duty military service has this person had?  Less than 2 years  2 years or more	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.	Person(s)  What time did this person usually leave home
	<ul> <li>No → SKIP to question 20</li> <li>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?</li> </ul>	Yes No → SKIP to question 29  At what location did this person work LAST WEEK? If this person worked at more than one	to go to work LAST WEEK?  Hour Minute  a.m. p.m.
	<ul><li>Yes</li><li>No → SKIP to question 20</li></ul>	location, print where he or she worked most last week.  a. Address  Development or condominium name;	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been	Number and street name	
	responsible for the longest period of time.  Less than 6 months  6 to 11 months	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	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
	1 or 2 years 3 or 4 years 5 or more years	25	a job?
20		c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of municipio or U.S. county	<ul> <li>Yes → SKIP to question 29c</li> <li>No</li> <li>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</li> <li>Yes, on vacation, temporary illness, labor</li> </ul>
	Yes, now on active duty Yes, on active duty during the last 12 months, but not now	e. Enter Puerto Rico or name of U.S. state or	dispute, etc. → SKIP to question 32  No → SKIP to question 30  c. Has this person been informed that he or she
	Yes, on active duty in the past, but not during the last 12 months  No, training for Reserves or National Guard	foreign country	will be recalled to work within the next 6 months OR been given a date to return to work?
	only → SKIP to question 23  No, never served in the military → SKIP to question 23	f. ZIP Code	Yes → SKIP to question 31 No

### Person 2 (continued)

30	Has this person been looking for work during the last 4 weeks?	If now on active duty in the Armed Forces, mark (X) this box →	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
	No → SKIP to question 32	and print the branch of the Armed Forces.	income arter business expenses.
31	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, or other employer	Yes → S Loss  No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.  Report even small amounts credited to an account.
32	When did this person last work, even for a few days?	manufacturing, bank)	Yes → S Loss  No TOTAL AMOUNT for past
	Within the past 12 months		12 MONTHS  d. Social Security or Railroad Retirement.
	1 to 5 years ago → SKIP to question 35  Over 5 years ago or never worked → SKIP to		Yes → \$ .00
33	question 41  During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid	manufacturing? wholesale trade? retail trade?	No TOTAL AMOUNT for past 12 MONTHS
	vacation, paid sick leave, and military service.  Weeks	other (agriculture, construction, service, government, etc.)?	e. Supplemental Security Income (SSI).
	39	What kind of work was this person doing? (For example: registered nurse, personnel manager,	Yes → S No TOTAL AMOUNT for past 12 MONTHS
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	supervisor of order department, secretary, accountant)	f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK		☐ Yes → \$ .00
	40	What were this person's most important activities or duties? (For example: patient care,	No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
	to question 41.		Yes → S .00  No TOTAL AMOUNT for past
	35-40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more	Mark (X) the "Yes" box for each type of income this	12 MONTHS  h. Any other sources of income received regularly
	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.	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.)	such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$ .00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	No TOTAL AMOUNT for past 12 MONTHS  What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?  a local GOVERNMENT employee (city, county, municipio, etc.)?	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.	PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	<ul> <li>□ a state GOVERNMENT employee?</li> <li>□ a Federal GOVERNMENT employee?</li> <li>□ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</li> </ul>	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	None OR TOTAL AMOUNT for past Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  working WITHOUT PAY in family business or farm?	Yes → S .00  No TOTAL AMOUNT for past 12 MONTHS	Continue with the questions for Person 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.





# Information about children helps your community plan for child care, education, and recreation.

6	Please copy the name of Person 3 from the List of Residents on page 2, then continue answering questions below.  Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade	apartment 1 year ago?  ☐ Person is under 1 year old → SKIP to the questions for Person 4 on page 16. ☐ Yes, this house → SKIP to F
	First Name MI	5th grade or 6th grade 7th grade or 8th grade 9th grade	No, outside Puerto Rico or the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to
7	Where was this person born?	☐ 10th grade	
Ī	In the United States – <i>Print name of state.</i>	11th grade	
		<ul> <li>12th grade - NO DIPLOMA</li> <li>HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (for example: GED)</li> </ul>	No, different house in Puerto Rico or the United States  b. Where did this person live 1 year ago?
	Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	<ul> <li>Some college credit, but less than 1 year</li> <li>1 or more years of college, no degree</li> <li>Associate degree (for example: AA, AS)</li> </ul>	Name of city, town, or post office
		Bachelor's degree (for example: BA, AB, BS)	a Did this manager live incide the Professor
8	Is this person a CITIZEN of the United States?	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	c. Did this person live inside the limits of the city or town?
	<ul> <li>Yes, born in Puerto Rico → SKIP to 10a</li> <li>Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas</li> <li>Yes, born abroad of American parent or parents</li> </ul>	Professional degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)	☐ Yes ☐ No, outside the city/town limits  Name of municipio or U.S. county
	Yes, U.S. citizen by naturalization  No, not a citizen of the United States	What is this person's ancestry or ethnic origin?	
9	When did this person come to live in Puerto Rico? Print numbers in boxes. Year	(For example: Italian, Jamaican, African Am.,	Enter Puerto Rico or name of U.S. state ZIP Code
T	person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.
ı	a high school diploma or a college degree.  No, has not attended in the last 3	1	
ı	months $\rightarrow$ SKIP to question 11	<ul><li>Yes</li><li>No → SKIP to question 14</li></ul>	long-lasting conditions:
	Yes, public school, public college Yes, private school, private college	b. What is this language?	a. Blindness, deafness, or a severe vision or hearing impairment?
	b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool		b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
	☐ Kindergarten	For example: Korean, Italian, Spanish, Vietnamese	
	Grade 1 to grade 4 Grade 5 to grade 8	c. How well does this person speak English?  Very well Well	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
	☐ Grade 9 to grade 12 ☐ College undergraduate years (freshman to senior)	Not well Not at all	a. Learning, remembering, or concentrating?
	Graduate or professional school (for example: medical, dental, or law school)		b. Dressing, bathing, or getting around inside the home?



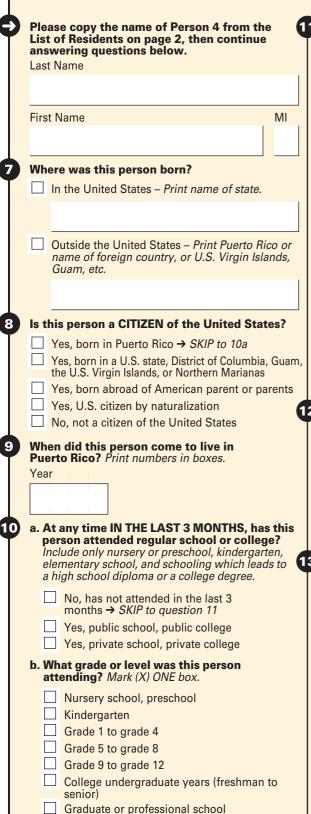
Person 3	(continued)
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G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
H	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961	Car, truck, or van Motorcycle   Bus or trolley bus Bicycle   Carro público Walked   Subway or elevated Worked at home → SKIP to question 33   Ferryboat Other method   Taxicab
18		<ul> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> </ul>	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	the past 12 months?  Yes No	In total, how many years of active-duty military service has this person had?  Less than 2 years  2 years or more	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes  No → SKIP to question 20	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.	Person(s)  What time did this person usually leave home to go to work LAST WEEK?
	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?	Yes  No → SKIP to question 29  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	Hour Minute a.m. p.m.
	<ul> <li>Yes</li> <li>No → SKIP to question 20</li> <li>c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more</li> </ul>	a. Address  Development or condominium name; Number and street name	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
	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	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	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
	1 or 2 years 3 or 4 years 5 or more years	c. Is the work location inside the limits of that	<ul> <li>a. LAST WEEK, was this person on layoff from a job?</li> <li>Yes → SKIP to question 29c</li> </ul>
20	·	city or town?  Yes  No, outside the city/town limits  d. Name of municipio or U.S. county	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, labor
	Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months	e. Enter Puerto Rico or name of U.S. state or foreign country	dispute, etc. → SKIP to question 32  No → SKIP to question 30  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
	<ul> <li>No, training for Reserves or National Guard only → SKIP to question 23</li> <li>No, never served in the military → SKIP to question 23</li> </ul>	f. ZIP Code	work?  ☐ Yes → SKIP to question 31 ☐ No



Person 3	(continued)
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30	the last 4 weeks?	6	For whom did this person work?  If now on active duty in the Armed Forces, mark (X) this box →		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
	<ul><li>Yes</li><li>No → SKIP to question 32</li></ul>		and print the branch of the Armed Forces.		income after business expenses.
1	LAST WEEK, could this person have started a job		Name of company, business, or other employer		☐ Yes → \$ .00 ☐ Loss
	if offered one, or returned to work if recalled?				No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work	7	What kind of business or industry was this?		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
	No, because of own temporary illness  No, because of all other reasons (in school, etc.)		Describe the activity at the location where employed. (For example: hospital, newspaper		Report even small amounts credited to an account.
32	When did this person last work, even for a		publishing, mail order house, auto engine manufacturing, bank)		☐ Yes → \$ .00 ☐ Loss
	few days?		<b>3</b> , 11		☐ No TOTAL AMOUNT for past 12 MONTHS
	<ul><li>Within the past 12 months</li><li>1 to 5 years ago → SKIP to question 35</li></ul>				d. Social Security or Railroad Retirement.
	☐ Over 5 years ago or never worked → SKIP to	8	Is this mainly – Mark (X) one box.		☐ Yes → \$ .00
33	question 41  During the PAST 12 MONTHS, how many		manufacturing? wholesale trade?		No TOTAL AMOUNT for past
	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.		retail trade?		12 MONTHS  e. Supplemental Security Income (SSI).
	Weeks		other (agriculture, construction, service, government, etc.)?		
	3	9	What kind of work was this person doing?		Yes → S .00 No TOTAL AMOUNT for past
34	During the PAST 12 MONTHS, in the WEEKS		(For example: registered nurse, personnel manager, supervisor of order department, secretary,		12 MONTHS
	WORKED, how many hours did this person usually work each WEEK?		accountant)		f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK				☐ Yes → \$ .00
		0	What were this person's most important activities or duties? (For example: patient care,		No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35–40 ONLY IF this person		directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)		g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
	worked in the past 5 years. Otherwise, SKIP to question 41.				☐ Yes → \$ .00
	35-40 CURRENT OR MOST RECENT JOB	1	INCOME IN THE PAST 12 MONTHS.		No TOTAL AMOUNT for past
	<b>ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person had more		Mark (X) the "Yes" box for each type of income this		12 MONTHS  h. Any other sources of income received regularly
	than one job, describe the one at which this person worked the most hours. If this person had no job or		person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.		such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony.
	business last week, give information for his/her last job or business.		(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)		Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box.		Mark (X) the "No" box to show types of income NOT received.		☐ Yes → \$ .00
	an employee of a PRIVATE FOR PROFIT		If net income was a loss, mark the "Loss" box to		No TOTAL AMOUNT for past
	company or business, or of an individual, for wages, salary, or commissions?		the right of the dollar amount.	2	12 MONTHS What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?		For income received jointly, report the appropriate share for each person – or, if that's not possible,		PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter
	a local GOVERNMENT employee (city, county, municipio, etc.)?		report the whole amount for only one person and mark the "No" box for the other person.		the amount and mark (X) the "Loss" box next to the dollar amount.
	a state GOVERNMENT employee?		a. Wages, salary, commissions, bonuses, or tips		□ None OR \$ .00
	a Federal GOVERNMENT employee?  SELF-EMPLOYED in own NOT INCORPORATED		from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		TOTAL AMOUNT for past
	business, professional practice, or farm?				Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		☐ Yes → \$ .00		Continue with the questions for Person 4 on the next page. If only 3 people are listed in the List of
	working WITHOUT PAY in family business or farm?		No TOTAL AMOUNT for past 12 MONTHS		Residents, SKIP to page 24 for mailing instructions.





# Knowing about age, race, and sex helps your community better meet the needs of everyone.

this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  No schooling completed Nursery school to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade	a. Did this person live in this house or apartment 1 year ago?  □ Person is under 1 year old → SKIP to the questions for Person 5 on page 19. □ Yes, this house → SKIP to F □ No, outside Puerto Rico or the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to F
☐ 10th grade ☐ 11th grade ☐ 12th grade − NO DIPLOMA ☐ HIGH SCHOOL GRADUATE − high school DIPLOMA or the equivalent (for example: GED) ☐ Some college credit, but less than 1 year ☐ 1 or more years of college, no degree ☐ Associate degree (for example: AA, AS)	No, different house in Puerto Rico or the United States  b. Where did this person live 1 year ago? Name of city, town, or post office
<ul> <li>Bachelor's degree (for example: BA, AB, BS)</li> <li>Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</li> <li>Professional degree (for example: MD, DDS, DVM, LLB, JD)</li> </ul>	c. Did this person live inside the limits of the city or town?  Yes No, outside the city/town limits
Doctorate degree (for example: PhD, EdD)  What is this person's ancestry or ethnic origin?	Name of municipio or U.S. county  Enter Puerto Rico or name of U.S. state  ZIP Code
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  a. Does this person speak a language other than English at home?	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.
_	Does this person have any of the following long-lasting conditions:  Yes No
b. What is this language?	a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
c. How well does this person speak English?  Very well  Well	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
☐ Not well ☐ Not at all	a. Learning, remembering, or concentrating?  b. Dressing, bathing, or getting around inside the home?



(for example: medical, dental, or law school)

## Person 4 (continued)

G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.	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.  How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
H	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?	September 2001 or later  August 1990 to August 2001 (including Persian Gulf War)  September 1980 to July 1990  May 1975 to August 1980  Vietnam era (August 1964 to April 1975)  March 1961 to July 1964  February 1955 to February 1961  Car, truck, or van  Bus or trolley bus  Carro público  Walked  Subway or elevated  Railroad  Ferryboat  Other method  Taxicab
8	female and 15–50 years old. Otherwise, SKIP to question 19a.  Has this person given birth to any children in the past 12 months?	<ul> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> <li>November 1941 or earlier</li> </ul> Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	Yes No	In total, how many years of active-duty military service has this person had?  Less than 2 years  2 years or more  26  How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
9	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  Yes	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.  Person(s)  What time did this person usually leave home
	<ul> <li>No → SKIP to question 20</li> <li>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who</li> </ul>	Yes  No → SKIP to question 29  At what location did this person work LAST  a.m.
	live(s) in this house or apartment?  ☐ Yes ☐ No → SKIP to question 20	WEEK? If this person worked at more than one location, print where he or she worked most last week.  a. Address  How many minutes did it usually take this person to get from home to work LAST WEEK?
	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been	Development or condominium name; Number and street name  Minutes
	responsible for the longest period of time.  Less than 6 months 6 to 11 months	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.  Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.  b. Name of city, town, or post office
	☐ 1 or 2 years ☐ 3 or 4 years ☐ 5 or more years	a. LAST WEEK, was this person on layoff from a job?  c. Is the work location inside the limits of that  □ Yes → SKIP to question 29c
10	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	city or town?  Yes No, outside the city/town limits  b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Left No.  Was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, labor
	Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not	dispute, etc. → SKIP to question 32  No → SKIP to question 30  e. Enter Puerto Rico or name of U.S. state or foreign country  C. Has this person been informed that he or she will be recalled to work within the next
	during the last 12 months  No, training for Reserves or National Guard only → SKIP to question 23  No, never served in the military → SKIP to	f. ZIP Code  6 months OR been given a date to return to work?  □ Yes → SKIP to question 31 □ No
	question 23	

### Person 4 (continued)

1				
30	Has this person been looking for work during the last 4 weeks?	6	For whom did this person work?  If now on active duty in the Armed Forces, mark (X) this box →	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
	<ul><li>Yes</li><li>No → SKIP to question 32</li></ul>		and print the branch of the Armed Forces.	income after business expenses.
			Name of company, business, or other employer	☐ Yes → \$ .00 ☐ Loss
31	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?			No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)		What kind of business or industry was this?  Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.  Report even small amounts credited to an account.
32	When did this person last work, even for a few days?		manufacturing, bank)	Yes → S Loss  No TOTAL AMOUNT for past
	☐ Within the past 12 months			12 MONTHS  d. Social Security or Railroad Retirement.
	☐ 1 to 5 years ago → SKIP to question 35	8	<b>Is this mainly –</b> <i>Mark (X) one box.</i>	u. Social Security of Railfoad Retirement.
	Over 5 years ago or never worked → SKIP to question 41		manufacturing?	☐ Yes → \$ .00
33	During the PAST 12 MONTHS, how many		wholesale trade?	☐ No TOTAL AMOUNT for past 12 MONTHS
T	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.		retail trade?	e. Supplemental Security Income (SSI).
	Weeks		other (agriculture, construction, service, government, etc.)?	Yes → \$ .00
	3	9	What kind of work was this person doing? (For example: registered nurse, personnel manager,	No TOTAL AMOUNT for past
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?		supervisor of order department, secretary, accountant)	f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK			☐ Yes → \$ .00
	4	0	What were this person's most important activities or duties? (For example: patient care,	No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP		directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
	to question 41.			☐ Yes → \$ .00
	35-40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job	0	INCOME IN THE PAST 12 MONTHS.	No TOTAL AMOUNT for past 12 MONTHS
	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.		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.)	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.
35	Was this person – Mark (X) ONE box.		Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$ .00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?		If net income was a loss, mark the "Loss" box to the right of the dollar amount.	No TOTAL AMOUNT for past 12 MONTHS  What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?  a local GOVERNMENT employee (city, county, municipio, etc.)?		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.	PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	<ul> <li>a state GOVERNMENT employee?</li> <li>a Federal GOVERNMENT employee?</li> <li>SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</li> </ul>		a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	None OR TOTAL AMOUNT for past Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  working WITHOUT PAY in family business or farm?		Yes → S .00  No TOTAL AMOUNT for past 12 MONTHS	Continue with the questions for Person 5 on the next page. If only 4 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.



# Your answers help your community plan for the future.

6	Please copy the name of Person 5 from the List of Residents on page 2, then continue answering questions below.  Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade	<ul> <li>apartment 1 year ago?</li> <li>Person is under 1 year old → SKIP to the mailing instructions on page 24.</li> <li>Yes, this house → SKIP to F</li> </ul>
	First Name MI	5th grade or 6th grade 7th grade or 8th grade 9th grade	No, outside Puerto Rico or the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to
7	Where was this person born?  ☐ In the United States – Print name of state.	☐ 10th grade ☐ 11th grade ☐ 12th grade – NO DIPLOMA ☐ HIGH SCHOOL GRADUATE – high school	No, different house in Puerto Rico or the United States
	Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	DIPLOMA or the equivalent (for example: GED)  Some college credit, but less than 1 year  1 or more years of college, no degree  Associate degree (for example: AA, AS)  Bachelor's degree (for example: BA, AB, BS)	b. Where did this person live 1 year ago? Name of city, town, or post office
8	Is this person a CITIZEN of the United States?  Yes, born in Puerto Rico → SKIP to 10a  Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of American parent or parents	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)	c. Did this person live inside the limits of the city or town?  Yes No, outside the city/town limits  Name of municipio or U.S. county
9	Yes, U.S. citizen by naturalization No, not a citizen of the United States  When did this person come to live in Puerto Rico? Print numbers in boxes.  Year	What is this person's ancestry or ethnic origin?  (For example: Italian, Jamaican, African Am.,	Enter Puerto Rico or name of U.S. state ZIP Code
10	person attended regular school or college?	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  a. Does this person speak a language other than English at home?	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.
	<ul> <li>No, has not attended in the last 3 months → SKIP to question 11</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college</li> </ul>	<ul><li>Yes</li><li>No → SKIP to question 14</li><li>b. What is this language?</li></ul>	Does this person have any of the following long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?
	b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool	For example: Korean, Italian, Spanish, Vietnamese	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
	<ul><li>☐ Kindergarten</li><li>☐ Grade 1 to grade 4</li><li>☐ Grade 5 to grade 8</li><li>☐ Grade 9 to grade 12</li></ul>	c. How well does this person speak English?  Very well  Well	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
	<ul> <li>Grade 9 to grade 12</li> <li>College undergraduate years (freshman to senior)</li> <li>Graduate or professional school (for example: medical, dental, or law school)</li> </ul>	Not well Not at all	a. Learning, remembering, or concentrating?  b. Dressing, bathing, or getting around inside the home?

Person 5	(continued)
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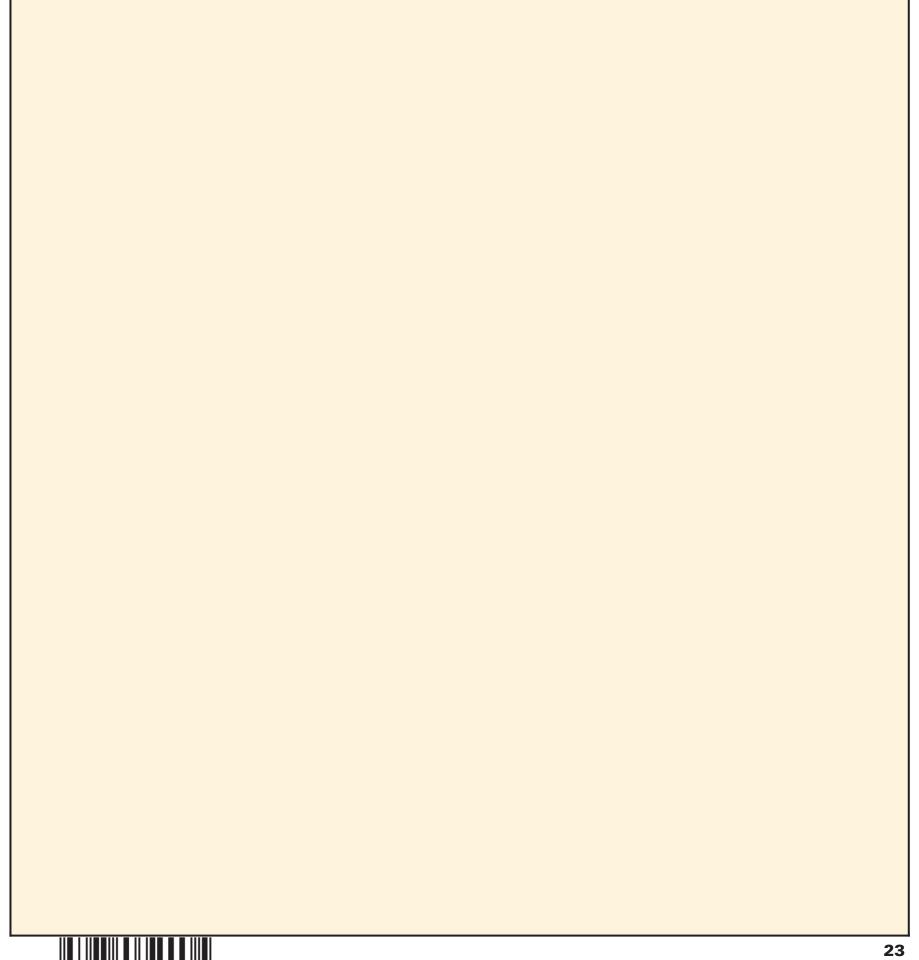
	_		
G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 24.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
H	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?	September 2001 or later  August 1990 to August 2001 (including Persian Gulf War)  September 1980 to July 1990  May 1975 to August 1980  Vietnam era (August 1964 to April 1975)  March 1961 to July 1964  February 1955 to February 1961	Car, truck, or van Motorcycle   Bus or trolley bus Bicycle   Carro público Walked   Subway or elevated Worked at home → SKIP to question 33   Ferryboat Other method   Taxicab
18	female and 15–50 years old. Otherwise, SKIP to question 19a.  Has this person given birth to any children in	<ul> <li>□ Korean War (July 1950 to January 1955)</li> <li>□ January 1947 to June 1950</li> <li>□ World War II (December 1941 to December 1946)</li> <li>□ November 1941 or earlier</li> </ul>	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	the past 12 months?  Yes No	In total, how many years of active-duty military service has this person had?  Less than 2 years  2 years or more	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	<ul> <li>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 20 </li> <li>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?  Yes  No → SKIP to question 20 </li> <li>c. How long has this grandparent been</li> </ul>	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.  Yes  No → SKIP to question 29	to go to work LAST WEEK?  Hour Minute a.m. p.m.
	responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.  Less than 6 months  6 to 11 months  1 or 2 years  3 or 4 years	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	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.  a. LAST WEEK, was this person on layoff from a job?
20	U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.  Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months	c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of municipio or U.S. county  e. Enter Puerto Rico or name of U.S. state or foreign country	Yes → SKIP to question 29c  No  No  No  No  No  No  No  No  No  N
	<ul> <li>No, training for Reserves or National Guard only → SKIP to question 23</li> <li>No, never served in the military → SKIP to question 23</li> </ul>	f. ZIP Code	☐ Yes → SKIP to question 31 ☐ No



## Person 5 (continued)

1		_			
30	Has this person been looking for work during the last 4 weeks?	6	For whom did this person work?  If now on active duty in the Armed Forces, mark (X) this box →		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
	Yes		and print the branch of the Armed Forces.		income after business expenses.
	No → SKIP to question 32		Name of company, business, or other employer		☐ Yes → \$ .00 ☐ Loss
31	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?				No TOTAL AMOUNT for past 12 MONTHS
	<ul> <li>Yes, could have gone to work</li> <li>No, because of own temporary illness</li> <li>No, because of all other reasons (in school, etc.)</li> </ul>	7	What kind of business or industry was this?  Describe the activity at the location where employed. (For example: hospital, newspaper		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.  Report even small amounts credited to an account.
32	When did this person last work, even for a few days?		publishing, mail order house, auto engine manufacturing, bank)		Yes → S Loss  No TOTAL AMOUNT for past
					☐ No TOTAL AMOUNT for past 12 MONTHS
	<ul><li>Within the past 12 months</li><li>1 to 5 years ago → SKIP to question 35</li></ul>				d. Social Security or Railroad Retirement.
	Over 5 years ago or never worked → SKIP to	8	Is this mainly – Mark (X) one box.		No. 3 \$ .00
	question 41		manufacturing?		Yes → TOTAL AMOUNT for past
33	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid		wholesale trade? retail trade?		12 MONTHS
	vacation, paid sick leave, and military service.		other (agriculture, construction, service,		e. Supplemental Security Income (SSI).
	Weeks		government, etc.)?		☐ Yes → \$ .00
	3	9	What kind of work was this person doing? (For example: registered nurse, personnel manager,		No TOTAL AMOUNT for past
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person		supervisor of order department, secretary, accountant)		12 MONTHS  f. Any public assistance or welfare payments
	usually work each WEEK?				from the state or local welfare office.
	Usual hours worked each WEEK				☐ Yes → \$ .00
	40	0	What were this person's most important activities or duties? (For example: patient care,		No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP		directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)		g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
	to question 41.				☐ Yes → \$ .00
	35-40 CURRENT OR MOST RECENT JOB	h	INCOME IN THE PAST 12 MONTHS.		☐ No TOTAL AMOUNT for past 12 MONTHS
	<b>ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person had more		Mark (X) the "Yes" box for each type of income this		h. Any other sources of income received regularly
	than one job, describe the one at which this person worked the most hours. If this person had no job or		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		such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony.
	business last week, give information for his/her last job or business.		today's date one year ago up through today.)		Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box.		Mark (X) the "No" box to show types of income NOT received.		
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual,		If net income was a loss, mark the "Loss" box to the right of the dollar amount.		No TOTAL AMOUNT for past 12 MONTHS
	for wages, salary, or commissions?  an employee of a PRIVATE NOT FOR PROFIT,		4.	2	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to
	tax-exempt, or charitable organization?		For income received jointly, report the appropriate share for each person – or, if that's not possible,		41h; subtract any losses. If net income was a loss, enter
	a local GOVERNMENT employee (city, county, municipio, etc.)?		report the whole amount for only one person and mark the "No" box for the other person.		the amount and mark (X) the "Loss" box next to the dollar amount.
	a state GOVERNMENT employee?		a. Wages, salary, commissions, bonuses, or tips		□ None OR \$ .00
	a Federal GOVERNMENT employee?		from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		TOTAL AMOUNT for past
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?				Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		☐ Yes → \$ .00		Now continue with the mailing
	working WITHOUT PAY in family business		No TOTAL AMOUNT for past		instructions on page 24.
	or farm?		12 MONTHS		

Pages 22 and 23 are intentionally left blank	



# Mailing Instructions

#### Please make sure you have...

- put all names on the List of Residents and answered the questions across the top of the page
- answered all Housing questions
- answered all Person questions for each person on the List of Residents.

#### 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 Puerto Rico Community Survey.

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 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, D.C. 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(2007)PR KFI (10-17-2006)