

Form IA. HOUSING QUESTIONNAIRE

POPULATION CENSUS 1999  
FRENCH REPUBLIC

To be completed for all dwellings, occupied or not

To be completed by the census taker:

Census District Number.

Building Number in District Plan.

Dwelling Number in Building Plan.

Municipal Stamp

Complete all four pages, writing legibly

1. SURNAME AND FIRST NAME OF OCCUPANT:.....

2. ADDRESS OF DWELLING: Street number (or place name).....

Department: municipality: (for Paris, Lyons, Marseilles, specify arrondissement)

3. LOCATION OF DWELLING WITHIN BUILDING (IF BUILDING CONTAINS TWO OR MORE DWELLINGS)

(a) Stairwell. (b) Floor. (c) Location on floor.

If the entrance door to the dwelling has a number, indicate the number.

4. CATEGORY OF DWELLING

Principal residence (dwelling or independent unit where the family lives for the greater part of the year. A room rented by a student will be his principal residence)

- Complete an individual survey form for each person named in List A, page 2

Occasional dwelling (dwelling or independent unit used as housing for occupational reasons by a person whose principal residence is elsewhere)

Secondary residence or rented dwelling (or one to let) for vacation or recreation.

- No individual survey form unless people are living in the dwelling at the time of the census. In this case, complete the corresponding individual forms, being sure to complete the box "visitors". Do not complete pages 2 and 3 of the housing questionnaire.

Vacant dwelling (unoccupied, whether or not available for sale or lease).

- No individual survey form. Do not complete pages 2 and 3 of the housing questionnaire.

Mobile home, trailer.

- Complete an individual survey form for each person named in list A. Do not complete page 4; file separately.

## GENERAL SUMMARY

*To be completed by the census taker.*

5. Number of Forms No. 2 collected (List A only)

*To be completed by the municipal office*

6. Number of Forms No. 2 deleted (overlap with “Form 5” sheets compiled or domiciliations performed)

7. Number of Forms No. 2 added (forms received for persons travelling, with no overlap)

8. Number of Forms 5 reconstituted

9. Population after consolidation

$$9 = 5 - 6 + 7 + 8.$$

Number of Forms No. 2 bis prepared

The National Council on Statistical Information has ruled that this survey is of general interest, and is therefore compulsory.

Authorization No. 99 X 001 EC of the Minister of Economy

Pursuant to Law 51-711 of 7 June 1951, as amended, on statistical obligations, coordination and secrecy, any refusal to respond or any deliberately inaccurate response may be punished by a fine.

Questionnaires collected by the municipal authorities are reserved exclusively for INSEE. Law 78-17 of 6 January 1978, on computerization, files and freedoms, applies to the responses to this questionnaire. It guarantees that the persons concerned may inspect and correct the data concerning them. That right may be exercised at the regional offices of INSEE.

PERSONS LIVING IN THE DWELLING

*Do not overlook young children*

*Each person normally living in the dwelling, even if absent at the time of the census, must be recorded in list A or in list B (see example at bottom of page).*

LIST A: PERMANENT OCCUPANTS OF THE DWELLING

- Record opposite the persons living in the dwelling, including yourself and persons who are absent at the date of the census (persons travelling on business or for pleasure, persons temporarily admitted to a hospital or clinic, etc.), but do not include persons in any of the situations described in list B below.
- Particular cases. Record also:
  - Persons employed in your service, apprentices, *au pair* girls living with you.
  - Sub-tenants and lodgers occupying a portion of your dwelling, unless that portion is completely separate, in which case it constitutes another dwelling.
- For each person shown in this list, complete an individual questionnaire form.

FAMILY NAME.

FIRST NAME

Write in capital letters.

Example: ALLARD, Mrs. MAURIN

On the first line record one spouse of a couple (and on the second line the other spouse) or if none, one of the adults living in the dwelling. [*Translator’s note*: this sentence continues across to the next page]

1  
2  
3  
...  
11

LIST B. PERSONS BELONGING TO YOUR HOUSEHOLD WHO ARE CURRENTLY IN ONE OF THE FOLLOWING SITUATIONS

Record opposite all persons in the following situations:

- Children at boarding school.
- Children in the custody of another relative (following a divorce, for example).

- Students living elsewhere during the school year (in a hostel, in a university residence, in an independent dwelling or a rented room).
- Military conscripts.
- Career military serving abroad.
- Workers living in assigned accommodations.
- Elderly persons living in a retirement home or hospice.
- Persons in long-term hospitalization.
- Persons living in another community but spending part of the year in your dwelling.

Do not complete an individual questionnaire for these persons: their questionnaires will be completed at their place of habitual residence.

FAMILY NAME

FIRST NAME

EXAMPLE

- The Maurin family lives in St. Malo. Mr. Maurin and his wife have four children, only one whom, Christophe, is home all week.
- The Maurin family rents a room in its home to a student, Yves Couedec, whose family lives in Roscoff.
- One of the Maurin sons, Laurent, is doing his military service in central France.
- One of the Maurin daughters, Sophie, lives in a student hostel in Paris.
- The other daughter, Nathalie, is a university student at Rennes, where she rents a room.

List A

1. MAURIN	Michel	....
2. ALLARD (Mrs. MAURIN)	Françoise	Wife
3. MAURIN	Christophe	Son
4. COUEDEC	Yves	Sub-tenant
		18 ...[cut off] 29680 Roscoff

RELATIONSHIP with person recorded on the first line. Indicate for example: wife (or husband), cohabitant, common-law partner, son, daughter, father, mother, grandson, daughter-in-law, nephew, friend, sub-renter, etc.

PORTION RESERVED TO STUDENTS LIVING HERE ONLY FOR THEIR STUDIES AND HAVING THEIR FAMILY RESIDENCE ELSEWHERE

- If you have a student lodger during the school year, note his family home address on the appropriate line below.
- If you yourself are lodging here for your studies, note your family home address on the appropriate line below.

.....

- If there are more than 11 persons, indicate the number of additional persons.

RELATIONSHIP with person recorded on the first line of list A	DATE OF BIRTH	IS THIS PERSON A STUDENT? (Postsecondary education)	NAME AND ADDRESS OF INSTITUTION (OR LIVING ADDRESS) where the person normally lives.
	Born...	Yes/No	
	Born...	Yes/No	
	Born...	Yes/No	

1. MAURIN	Laurent	Son	Born 21/8/1976	YES NO	Military camp 23100 La Courtine
2. MAURIN	Sophie	Daughter	Born 7/4/1978	YES NO	Foyer les Bruyères 9 rue des Collèges 75005 Paris
3. MAURIN	Nathalie	Daughter	Born 11/12/1980	YES NO	c/o Mrs. Bouvier 3 rue d'Arras 35000 Rennes

No individual questionnaire

VISITORS

Persons living with you at the time of the census but who normally live elsewhere (relatives, friends etc.) should not be shown in either list.

Particular case: if a person is absent from his home during the entire census operation and if there is no one to answer for that person:

1. Prepare his individual questionnaire (without recording him on any list), giving his address in the box reserved for this purpose on the questionnaire.
2. Submit this questionnaire separately to the census taker.

## GENERAL CHARACTERISTICS OF THE BUILDING AND THE DWELLING

### 1. TYPE OF DWELLING

- Home for the elderly.
- Hotel room.
- Makeshift dwelling.
- Separate room (with its own entrance).
- Individual house, farmhouse.
- Individual dwelling within a multi-dwelling building.
- Dwelling within a non-residential building (factory, workshop, office building, store, school, college, hospital, municipal building, railway station, post office, stadium, etc.).

### 2. YEAR OF CONSTRUCTION OF THE HOUSE OR BUILDING

- Before 1915.
- From 1915 to 1948.
- From 1949 to 1967.
- From 1968 to 1974.
- From 1975 to 1981.
- From 1982 to 1989.
- 1990 or after

In this case, specify the year of completion: 1 9 9

- Partially inhabited building under construction.

If different portions of the building are not of the same age, indicate the year that the inhabited portion or the largest inhabited portion was completed.

### 3. NUMBER OF INHABITED ROOMS

Count rooms such as the dining room, living room, bedrooms, regardless of their floor area.

Do not count the kitchen unless its floor area is greater than 12 m<sup>2</sup>.

Do not count hallways, corridors, bathrooms, toilets (WC), laundry room etc.

Do not count rooms used only for business (e.g. doctor's office, workshop, etc.).

### 4. FLOOR AREA OF DWELLING

Count all rooms, including corridors, kitchen, bathrooms etc.

Do not count balconies, terraces, verandas, cellars, parking spaces, attics.

- Less than 40 m<sup>2</sup>.
- From 40 to less than 70 m<sup>2</sup>.
- From 70 to less than 100 m<sup>2</sup>.
- From 100 to less than 150 m<sup>2</sup>.
- 150 m<sup>2</sup> or more.

5. ARE YOU:

- The owner of the dwelling (including all forms of property ownership)?
- A tenant or sub-tenant of a dwelling rented unfurnished?
- A tenant or sub-tenant of a dwelling rented furnished, or of a hotel room?
- Lodged rent-free, for example by parents, friends or your employer (including persons occupying a building that they have sold with life interest or over which they enjoy usufruct rights)?

6. IN WHAT YEAR DID YOU MOVE INTO THIS DWELLING?

1 9

If not all current occupants of the dwelling arrived at the same time, indicate the date the first person moved in. If that person has always lived in the dwelling, give his date of birth.

7. DOES THE DWELLING BELONG TO AN HLM (*Low-cost housing*) AGENCY?  
(office, OPAC or company)

YES NO

8. SANITARY FACILITIES

- No bathtub or shower in the dwelling.
- Bathtub or shower other than in a bathroom.
- One bathroom (room reserved for personal bathing, with at least a shower or bathtub).
- Two bathrooms or more

9. W.C. (toilet)

Is the toilet located within the dwelling? YES NO

10. WASTEWATER EVACUATION

- All through the sewer pipe.
- Septic tank (for toilet and grey water).
- Other

11. HEATING SYSTEM

- Collective central heating system (common to all or most of the dwellings in the building, including district heating system).
- Individual central heating, with own furnace.
- "All electric" heating with wall radiators.
- Other means of heating (stove, fireplace, space heaters, storage heaters, etc.)

12. PRINCIPAL HEATING FUEL (check only one box).

- District heating.
- Municipal/piped gas.
- Heating oil.
- Electricity.
- Bottled gas or gas tank.
- Charcoal.
- Firewood.

13. GARAGE, CARPORT, PARKING SPACE

Do you have a place reserved for your personal parking use, within the building or property?

YES NO

14. NUMBER OF VEHICLES BELONGING TO RESIDENTS OF THE DWELLING

None. One. Two or more

15. IS THE DWELLING THE HEADQUARTERS OF A FARM?

YES NO

If yes:

(a) Area of land farmed:

Hectares Ares

Do not count woodlots, ponds, building lots, parks and ornamental gardens, uncultivated or waste land, buildings and courtyards.

(b) Type of farm

Farm where the main output is:

- Mixed farming (field crops).
- Market gardening or horticulture.
- Vineyard or fruit orchard.
- Grazing livestock (cattle, sheep).
- Grain-fed livestock (swine, poultry).

Other cases:

- Mixed farming (livestock).
- Grazing and grain-fed livestock.
- Other.

FORM NO. 2 B

INDIVIDUAL QUESTIONNAIRE

Check the appropriate box

Enter one digit per box

POPULATION CENSUS 1999  
FRENCH REPUBLIC

Box to be completed by INSEE

Municipal Stamp

1. SURNAME, first names

Write surname in capital letters.

Example: ALLARD, Mrs. MAURIN, Françoise

2. ADDRESS

3. SEX.

Male

Female

4. LEGAL MARITAL STATUS

Single. Married. Widowed. Divorced.

A person living in cohabitation should check the box corresponding to his present legal situation: if for example he/she is single, he/she will check the first box. A person in the process of divorce, or separated from his/her spouse, will check the second box.

5. DATE AND PLACE OF BIRTH

Born:

Day

Month

Year

In (municipality):

Department:

DOM [Overseas department] (country, if born abroad; territory if born in a TOM [Overseas territory])

If you were born abroad or overseas, in what year did you arrive in metropolitan France?

1 9 9

6. WHAT IS YOUR NATIONALITY?

- French
  - You were born French
  - You have become French by naturalization, declaration, upon reaching the age of majority, or by manifestation of intent, etc.

Indicate your nationality at birth:

- Foreign

Indicate your nationality

7. ARE YOU REGISTERED FOR THE SCHOOL YEAR 1998-1999 IN AN EDUCATIONAL ESTABLISHMENT?

YES NO

If yes, is that establishment located in:

- The municipality where you reside (or the arrondissement, in the case of Paris, Lyons and Marseilles).
- In another municipality (or another arrondissement). Indicate this other municipality (arrondissement)

Department: Municipality:

8. WHERE WERE YOU LIVING ON 1 JANUARY 1990?  
(for all persons born before 1 Jan 1990)

If on 1 Jan 1990 you were on military service or in boarding school, indicate the address of your personal residence at that date, and not that of the establishment (barracks, school).

- In the same dwelling as currently.
- In another dwelling in the same municipality (the same arrondissement in the case of Paris, Lyons and Marseilles).
- In another municipality (or another of adjustment). Indicate this other municipality (arrondissement).

Municipality:

Department:

DOM [Overseas department] (country, if abroad; territory if in a TOM [Overseas territory])

9. WHAT LEVEL OF EDUCATION HAVE YOU ATTAINED?

- Primary school.
- Junior high school, CAP, BEP.
- Senior high school.
- Postsecondary studies (professional faculty, IUT, etc.)

#### 10. INDICATE THE LAST DIPLOMA YOU OBTAINED

- No diploma.
- Primary school certificate.
- Junior high school/first cycle certificate (BEPC, etc.)
- CAP
- BEP
- General Baccalaureate (Philosophy, Sciences ex., Elem. Math., A, B, C, D, E, L, S, ES, etc.)
- Technical (F, G, H, STI, etc.) or vocational baccalaureate, professional or technical license, other license (BEA, BEC, BEI, etc.), legal right to practice.
- Undergraduate university degree, BTS, DUT, diploma in social or health sciences
- Postgraduate university degree (Master's, Doctorate including medicine, pharmacy, dentistry), engineering or *grande école* diploma, etc.

#### 11. WHAT IS YOUR OCCUPATIONAL SITUATION?

- YOU ARE WORKING

Check the box and turn the page over (questions 15 to 24), including if you are on sick leave or maternity leave, if you are assisting a member of your family in his work or if you are a contracted apprentice or a paid trainee.

- YOU ARE NOT (OR NO LONGER) WORKING

Check the box and answer questions 12 to 14.

#### 12. ARE YOU:

- A student (university, professional faculty, etc.)
- A pupil (junior or senior high school).
- An unpaid trainee.
- Unemployed (registered or not with ANPE).
- On early retirement.
- Retired:
  - former employee.
  - former independent worker (farmer, tradesman, merchant etc.).
- Other (homemaker, recipient of survivor's benefits or disability pension, etc.)?

#### 13. ARE YOU LOOKING FOR WORK?

- You are not looking for work.
- You have been looking for work for:
  - Less than one year.
  - More than one year

14. HAVE YOU EVER WORKED?

YES. What was your main occupation?

NO

Sign this questionnaire at the bottom of page 2.

FOR VISITORS (see page 3 of form 1), address of normal residence:

No. Street or place                      Postal code and municipality

PAGE 1

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YOU ARE WORKING

15. CURRENT OCCUPATION

Be specific (**robotic maintenance** electrician, **insurance** accountant, **chemical** technician, etc.).

If you are a member of the National Civil Service or a municipal employee (including HUM, public hospitals), specify your rank (corps, category, etc.)

16. ARE YOU WORKING:

- Full-time?
- Part-time:
  - More than halftime?
  - Halftime or less?

"Part-time" is determined by the normal working time in your business.

17. DOES YOUR PRINCIPAL ACTIVITY consist of helping a member of your family in his work?

(Whether or not you are paid)

(farming or trades, commerce, liberal professions, etc.)

YES            NO

18. WHERE DO YOU WORK?

(a) Address of your workplace (e.g.: 18, Boulevard Pasteur)

- If you are working at home, indicate "at home".
- If you are working in another person's home, indicate "private".
- If the workplace varies, indicate "variable"

Is your work in the municipality where you live? (Or in the arrondissement in the case of Paris, Lyons and Marseilles)

YES.            NO.

If not, indicate the municipality where you work: (specify the arrondissement)

Municipality:

Department:

(Country, for abroad)

(b) Name of the business that employs you or that you run:

(c) Address of this business, if it is different from that stated in question 18a.

(d) Activity of this business:

Be very specific (e.g. fruit and vegetable wholesaler, manufacture of machine tools, etc.).

19. WHAT FORM OF TRANSPORTATION DO YOU USE MOST OFTEN TO GO TO WORK?

- No transportation (work at home).
- Walk to work only.
- A single mode of transport:
  - Bicycle/motorcycle/moped.
  - Private car.
  - Public transport.
- Several modes of transport

20. ARE YOU:

- Self-employed or independent, including unpaid family help?
- A paid manager (CEO, company manager, managing partner)?
- An employee, including paid family help?

21. If you are self-employed or the head of a business, how many employees do you have?

None            1 or 2            3 to 10            10 or more

Do not count apprentices or domestics. In agriculture, count only permanent employees.

Questions 22 to 24 apply only to employees and paid trainees.

22. INDICATE THE TYPE OF CONTRACT OR EMPLOYMENT YOU HAVE

- Apprentice under contract.
- Placed by a temporary employment agency.
- Publicly assisted employment (CES, youth employment, etc.).
- Paid trainee (SIFE etc.).
- Fixed-term contract (including short-term and seasonal contracts).
- Civil servant (national or local government, hospitals).
- Permanent (indefinite) job or contract.

23. WHAT IS THE OCCUPATIONAL CATEGORY OF YOUR EMPLOYMENT?

- Labourer, semi-skilled worker (OS1, OS2, OS3, etc.).
- Skilled or highly skilled worker (P1 to P3, TA, OQ, OHQ, etc.).
- Service staff, personal care, domestic servant.
- Shop assistant, office worker, administrative personnel of category C or D in the civil service.
- Line supervisor directing labourers or administrative, commercial, IT personnel.

- Supervisor directing technical staff or other supervisors.
- Technician, draughtsman, sales representative (VRP).
- Teacher, nurse, social worker, medical technician, administrative personnel of category B of the public service.
- Engineer, business manager (technicians and line supervisors should not be included here, even if they are contributors to a management pension fund).
- Personnel of category A in the civil service, and similar.

24. INDICATE THE PRIMARY FUNCTION OF YOUR EMPLOYMENT

- Production, manufacturing, construction, operating.
- Installation, regulation, repair and maintenance.
- Security, cleaning, housekeeping.
- Handling, warehousing, transportation, logistics.
- Clerical, cashier, receptionist, switchboard, data entry.
- Management, and accounting, administration, corporate services.
- General Director or assistant manager, senior staff.
- Retail trade, sales, sales engineer.
- Research, studies, methodology, IT.
- Education, training, health, social work, information, advertising, arts, performances, sports.

Thank you for your participation

Completed at [place] on [date] 1999.

Signature of respondent.

The National Council on Statistical Information has ruled that this survey is of general interest, and is therefore compulsory.

Authorization No. 99 X 001 EC of the Minister of Economy

Pursuant to Law 51-711 of 7 June 1951, as amended, on statistical obligations, coordination and secrecy, any refusal to respond or any deliberately inaccurate response may be punished by a fine.

Questionnaires collected by the municipal authorities are reserved exclusively for INSEE. Law 78-17 of 6 January 1978, on computerization, files and freedoms, applies to the responses to this questionnaire. It guarantees that the persons concerned may inspect and correct the data concerning them. That right may be exercised at the regional offices of INSEE.

FORM 4C MULTIUNIT BUILDING QUESTIONNAIRE

1999 POPULATION CENSUS,  
FRENCH REPUBLIC

To be completed by the census taker.

Box to be completed by the census taker.

To be completed by the census taker:

Census District Number.

Building Number in District Plan.

Municipal Stamp

- You are to complete a multiunit building questionnaire for each building (within the census meaning) that includes at least two dwellings. For mobile dwellings in the district, you must also complete a Multiunit Building Questionnaire (See Annex 2 of the census taker's manual)
- In the case of a building with several stairwells, you must complete a Multiunit Building Questionnaire for each stairwell, indicating as closely as possible the location within the building.

PRECISE ADDRESS: No. .... Street (or place name)

Department:

Municipality: (for Paris, Lyons and Marseilles, specify the arrondissement).

- Give any other indications that make it possible to identify the building, in particular when there are several buildings at the same address. Example: building C, left-hand stairway.
- You are to compile the list of dwellings in the building, on pages 2 and 3, after collecting the information, using one line for each dwelling in categories 1 to 4, listed on page 1 of the Housing Questionnaire (FL, *Feuille de logement*).
- Some dwellings may have been converted into premises that are used only for commercial or business purposes. They should be mentioned only on page 4 of this form.
- You will make use of page 4 if you find buildings that are being used as communal/group housing.

GENERAL SUMMARY OF DWELLINGS AND BUILDING OCCUPANTS

*To be completed by the census taker*

1. Number of principal residences (category 1)
2. Number of occasional dwellings (category 2)
3. Number of secondary residences (category 3)
4. Number of vacant dwellings (category 4)

Total number of dwellings

*To be completed by the census taker*

5. Number of Forms 2 collected (list A from the FL only)

*To be completed by the municipal office*

6. Number of Forms 2 deleted (overlap with forms 5 compiled or domiciliations performed)
7. Number of Forms 2 added (questionnaires received for persons travelling, with no overlap).
8. Number of Forms 5 compiled.
9. Population after consolidation:  
 $9 = 5 - 6 + 7 + 8.$

Order 99 X 001 of the Minister of the Economy.  
Compulsory statistical survey (Law 51-711 of 7 June 1951, as amended, on statistical obligations, coordination and secrecy)  
Questionnaire reserved exclusively for INSEE (Article 6 (1) of the above-cited law).

LIST OF DWELLINGS

*To be completed by the census taker*

1. Dwelling identification number.
2. Location within the building (floor, location on the floor, number of the dwelling or of the room, etc.)
3. Name of occupant.
4. Category of dwelling (1 to 4) (See FL).
5. Number of Forms 2 collected (List A from the FL only)

*To be completed by the municipal office*

Number of Forms 2:

6. Deleted (overlap with forms 5 compiled or domiciliations performed)
7. Added (questionnaires received for persons travelling, with no overlap).
8. Number of Forms 5 compiled.

01 .....  
..... 30

Total for page 2

Enter at:       page 1 if the building has no more than 30 dwellings.  
                  the bottom of page 3 if the building has more than 30 dwellings.

*To be completed by the census taker*

1. Dwelling identification number.
2. Location within the building (floor, location on the floor, number of the dwelling or of the room, etc.)
3. Name of occupant.
4. Category of dwelling (1 to 4) (See FL).
5. Number of Forms 2 collected (List A from the FL only)

*To be completed by the municipal office*

Number of Forms 2:

6. Deleted (overlap with forms 5 compiled or domiciliations performed)
7. Added (questionnaires received for persons travelling, with no overlap).
8. Number of Forms 5 compiled.

31 .....

..... 60

Subtotal (lines 31 and following)

Total from page 2

Grand total (enter on page 1).

If the building contains more than 60 dwellings, divide it into two (or several) portions, each of which will constitute a building within the meaning of the census, and will be covered by a separate questionnaire.

## CHARACTERISTICS OF THE BUILDING

Questions 2, 7, 10, 11 and 12: these questions appear on the Housing Questionnaire, in identical form (questions 2 and 10) or slightly modified (questions 7, 11 and 12).

- Some occupants may not know the answer, or they may respond inaccurately.
- You must determine the correct answer, by questioning the occupants or the caretaker/concierge.

Questions 20 to 24: you may answer these questions after your survey round.

### 2. YEAR OF CONSTRUCTION OF THE HOUSE OR BUILDING

- Before 1915.
- From 1915 to 1948.
- From 1949 to 1967.
- From 1968 to 1974.
- From 1975 to 1981.
- From 1982 to 1989.
- 1990 or after

In this case, specify the year of completion: 1 9 9

- Partially inhabited building under construction.

If different portions of the building are not of the same age, indicate the year that the inhabited portion or the largest inhabited portion was completed.

7. DOES THE DWELLING BELONG TO AN HLM (*Low-cost housing*) AGENCY?  
(office, OPAC or company)

YES NO

### 10. WASTEWATER EVACUATION

- All through the sewer pipe.
- Septic tank (for toilet and grey water).
- Other

### 20. CARETAKER/CONCIERGE

Is there a caretaker/concierge for the building (or for the group of buildings)?

YES NO

## 21. SECURITY CODE/INTERCOM

Is there a security device at the entrance to the building work or the residence?

YES NO

If so, specify

## 22. ELEVATOR

Is there an elevator in the building?

YES NO

## 11. HEATING SYSTEM

- District (municipal) heating system
- Central heating system for a group of buildings.
- Central heating system for this one building (serving all or most of the dwellings in the building).
- No central heating system (even if some dwellings have their own individual installations).

12. PRINCIPAL HEATING FUEL FOR THE BUILDING (for buildings equipped with a central heating system.)

If you checked box 2 or box 3 in question 11, indicate the fuel used (check only one box):

- Municipal/piped gas.
- Heating oil.
- Electricity.
- Bottled gas/gas tank.
- Charcoal.
- Firewood.

## 23. NUMBER OF FLOORS ABOVE THE GROUND FLOOR

Include inhabitable attic stories. Do not count cellars or basements; a raised ground floor is treated as an ordinary ground floor, but the lower level then counts as a floor.

If the building contains several wings, indicate the number of floors in the tallest part of the building.

## 24. GARAGE, CARPORT, PARKING SPACES

Are there places reserved for parking use, within the building or property?

YES NO

LIST OF DWELLINGS USED AS COMMUNAL HOUSING OR CONVERTED INTO PREMISES USED EXCLUSIVELY FOR COMMERCIAL OR BUSINESS PURPOSES (examples: dwellings occupied by a religious community, a workers' hostel, a student hostel, etc., buildings converted into medical offices, workshops, warehouses, offices, etc.)

If the building contains such premises, mention them below, specifying the nature and location (in particular the floor number or numbers) for each one. In the case of a communal/group home occupying at least two dwellings that is not shown on the district schedule, report this to the INSEE officer.

Important: if the group is occupying only one dwelling, you will treat this as an ordinary dwelling, using the Housing Questionnaire and the Individual Questionnaires. Enter it on the list of dwellings, and not on the following list.

.....

- Do not complete a dwelling questionnaire for the dwellings in the above list.
- Do not enter these dwellings on the list of dwellings or on the summary table on page 1.