Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The U.S. Census Bureau estimates that, for the average household, this form will take about 43 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0860, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0860" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

OMB No. 0607-0860: Approval Expires 12/31/2010

Form D-61 G

(6-19-2009) D-61 G Page 1, Solid black

D-61 G, Page 1, Pantone Cyan (10%, 20%, 50%, & 100%)
## List of Persons

> Please be sure you answered Question 1 on the front page before continuing.

2. Please print the names of all the people who you indicated in Question 1 were living or staying here on April 1, 2010.

**Example — Last Name**

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Start with the person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be **Person 1**.

**Person 1 — Last Name**

<table>
<thead>
<tr>
<th>First Name</th>
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**Person 2 — Last Name**

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**Person 3 — Last Name**

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**Person 4 — Last Name**

<table>
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**Person 5 — Last Name**

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**Person 6 — Last Name**

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**Person 7 — Last Name**

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**Person 8 — Last Name**

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**Person 9 — Last Name**

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**Person 10 — Last Name**

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**Person 11 — Last Name**

<table>
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<th>First Name</th>
<th>MI</th>
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</table>

**Person 12 — Last Name**

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

> Next, answer questions about Person 1. If you did not have room to list everyone who lives in this house, apartment, or mobile home, please tell this to the census worker when you are visited. The census worker will complete a census form for the additional people.
Person 1

1. What is this person’s name? Print the name of Person 1 from page 2.
   Last Name
   First Name
   MI

2. What is this person’s telephone number? We may contact this person if we don’t understand an answer.
   Area Code + Number
   - -

3. What is this person’s sex? Mark ONE box.
   - Male
   - Female

4. What is this person’s age and what is this person’s date of birth? Please report babies as age 0 when the child is less than 1 year old.
   Age on April 1, 2010
   Month
   Day
   Year of birth
   Print numbers in boxes.

5. What is this person’s ethnic origin or race?
   (For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

6. Where was this person born?
   Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

7. Is this person a CITIZEN or NATIONAL of the United States?
   - Yes, born in this Area – SKIP to question 10a
   - Yes, born in the United States or another U.S. territory or commonwealth
   - Yes, born elsewhere of U.S. parent or parents
   - Yes, a U.S. citizen by naturalization
   - No, not a U.S. citizen or national (permanent resident)
   - No, not a U.S. citizen or national (temporary resident)

8. When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year?
   Print numbers in boxes.
   Year

9. What was this person’s MAIN reason for moving to this Area? Mark ONE box.
   - Employment
   - Military
   - Subsistence activities
   - Missionary activities
   - Moved with spouse or parent
   - To attend school
   - Medical
   - Housing
   - Other

10a. Where was this person’s mother born?
    Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

b. Where was this person’s father born?
    Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

11. Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does NOT include training for the military Reserves or National Guard.
    - Yes, dependent of an active-duty member of the Armed Forces
    - Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
    - No
Person 1 – Continued

12a. At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
- No, has not attended since February 1 – SKIP to question 13
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person attending? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.
- Pre-kindergarten
- Kindergarten
- Grade 1 through 12 – Specify grade 1-12
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor’s degree (for example, MA or PhD program or medical or law school)

13. What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.
- No schooling completed
- PRE-KINDERTGARTEN THROUGH GRADE 12
- Kindergarten
- Grade 1 through 12 – Specify grade 1-12
- 12th grade – NO DIPLOMA
- HIGH SCHOOL GRADUATE
- Regular high school diploma
- GED or alternative credential
- COLLEGE OR SOME COLLEGE
- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate’s degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, BS)
- AFTER BACHELOR’S DEGREE
- Master’s degree (for example: MA, MS, MEng, MED, MSW, MBA)
- Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

14. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.
- No
- Yes, in this Area
- Yes, not in this Area

15a. Does this person speak a language other than English at home?
- Yes
- No – SKIP to question 16

b. What is this language?
(For example: Chamorro, Samoan, Carolinian, Tongan)

15b. Does this person speak this language at home more frequently than English?
- Yes, more frequently than English
- Both equally often
- No, less frequently than English
- No, does not speak English

16a. Did this person live in this house or apartment 1 year ago (on April 1, 2009)?
- Person is under 1 year old – SKIP to question 17
- Yes, this house – SKIP to question 17
- No, different house

b. Where did this person live 1 year ago?
Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17.

16c. Name of city, town, or village

(For example: Dededo, Toa Alta, Agana, Pago Pago)
### Person 1 – Continued

**17. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** Mark “Yes” or “No” for EACH type of coverage in items a–h.

| a. | Insurance through a current or former employer or union (of this person or another family member) | Yes | No |
| b. | Insurance purchased directly from an insurance company (by this person or another family member) | Yes | No |
| c. | Medicare, for people 65 and older, or people with certain disabilities | Yes | No |
| d. | Medicaid or any kind of federal government assistance plan for those with low incomes or a disability | Yes | No |
| e. | TRICARE or other military health care | Yes | No |
| f. | VA (including those who have ever used or enrolled for VA health care) | Yes | No |
| g. | Local medical programs for indigents | Yes | No |
| h. | Any other type of health insurance or health coverage plan – Specify | Yes | No |

**18a. Is this person deaf or does he/she have serious difficulty hearing?**
- Yes
- No

**18b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**
- Yes
- No

Answer questions 19a–c if this person is 5 years old or over. Otherwise, SKIP to question 49.

**19a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**
- Yes
- No

**19b. Does this person have serious difficulty walking or climbing stairs?**
- Yes
- No

**19c. Does this person have difficulty dressing or bathing?**
- Yes
- No

Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to question 49.

**20. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?**
- Yes
- No

**21. What is this person’s marital status?**
- Now married
- Widowed
- Divorced
- Separated
- Never married

If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.

<table>
<thead>
<tr>
<th>Number of children</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
</table>

**22. Is this person deaf or does he/she have serious difficulty hearing?**
- Yes
- No

**23a. 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 24

**23b. 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 24

**23c. How long has this grandparent been responsible for the(se) grandchild(ren)?**
- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years
### Person 1 – Continued

24. 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.

- 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
- No, training for Reserves or National Guard only – SKIP to question 26a
- No, never served in the military – SKIP to question 27a

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

- 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
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1945)
- November 1941 or earlier

26a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%, ... 100%)
- No – SKIP to question 27a

26b. What is this person’s service-connected disability rating?

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

27a. LAST WEEK, did this person work for pay at a job (or business)? If “Yes,” also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ONLY box.

- Yes, worked for pay; did NO subsistence activity – SKIP to question 28
- Yes, worked for pay AND did subsistence activity – SKIP to question 28
- No, did NOT work for pay at a job or business (or was retired)

27b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Mark ONE box.

- Yes, worked for pay; did NO subsistence activity
- Yes, worked for pay AND did subsistence activity
- No, did NOT work for pay; did subsistence activity – SKIP to question 33a
- No, did NOT work for pay; did NO subsistence activity – SKIP to question 33a

28. At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

- Name of the island, U.S. state, commonwealth, territory, or foreign country

29. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Boat
- Taxi cab
- Motorcycle
- Bicycle
- Walked
- Worked at home – SKIP to question 37
- Other method
### Person 1—Continued

#### 30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?

Person(s) 

#### 31. What time did this person usually leave home to go to work LAST WEEK?

**Hour** | **Minute** | **a.m.** | **p.m.**
--- | --- | --- | ---

#### 32. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

#### 33a. LAST WEEK, was this person on layoff from a job?

- Yes – SKIP to question 33c
- No

#### 33b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 34
- No – SKIP to question 34

#### 33c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes – SKIP to question 35
- No

#### 34. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
- No – SKIP to question 36

#### 35. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

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

#### 36. When did this person last work, even for a few days? Do not include subsistence activity.

- 2010
- 2009
- 2008
- 2005 to 2007
- 2000 to 2004 – SKIP to question 46
- 1999 or earlier – SKIP to question 46
- Never worked; or did subsistence only – SKIP to question 46

#### 37. Was this person – Mark ONE box.

- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- Working WITHOUT PAY in family business or farm?

#### 38. For whom did this person work?

If now on active duty in the Armed Forces, mark this box and print the branch of the Armed Forces.

**Name of company, business, or other employer**

#### 39. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours; if this person had no job or business last week, give information for his/her last job or business since 2005.

- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- Working WITHOUT PAY in family business or farm?

#### 40. How CURRENT or MOST RECENT JOB ACTIVITY was this person last week?

- Yes
- No
Person 1 – Continued

39. What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish canner, watchmaker, auto repair shop, bank)

40. Is this mainly – Mark ONE box.
   - Manufacturing?
   - Wholesale trade?
   - Retail trade?
   - Other (agriculture, construction, service, government, etc.)?

41. What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)

42. What were this person’s most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)

43. LAST YEAR, 2009, did this person work at a job or business at any time? Do not include subsistence activity.
   - Yes
   - No – SKIP to question 46

44a. During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.
   - Yes – SKIP to question 45
   - No

44b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.
   - 50 to 52 weeks
   - 46 to 49 weeks
   - 40 to 47 weeks
   - 27 to 39 weeks
   - 14 to 26 weeks
   - 13 weeks or less

45. During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity.

46. INCOME IN 2009
   Mark X line “Yes” for each income source received during 2009, and enter the total amount received during 2009 to a maximum of $999,999 ($99,999 for questions 46d and 46e). Mark the “No” box if the income source was not received.
   - If net income was a loss, enter the amount and mark the “Loss” box next to the dollar amount.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
   - Annual amount – Dollars
   - Yes
   - No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
   - Annual amount – Dollars
   - Yes
   - No

   Loss

   Yes
   No

   Loss

   Yes
   No

   Loss
Form D-61 G

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

50. About when was this building first built?
   - 2009 or 2010
   - 2000 to 2008
   - 1990 to 1999
   - 1980 to 1989
   - 1970 to 1979
   - 1969 or earlier
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

51. When did PERSON 1 (listed on page 2) move into this living quarters?
   - 2009 or 2010
   - 2000 to 2008
   - 1990 to 1999
   - 1980 to 1989
   - 1970 to 1979
   - 1969 or earlier
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

52. Is there a business (such as a store or shop) or a medical office on this property?
   - Yes
   - No

Please answer questions 49–75 about your household.
Person 1 – Continued

53a. How many separate rooms are in this living quarters? Rooms must be separated by built-in archways or walls that extend from floor to ceiling.
- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.
- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more rooms

54a. Do you have hot and cold piped water?
- Yes, in this unit
- Yes, in this building, not in unit
- No, only cold piped water in this unit
- No, only cold piped water in this building
- No, only cold piped water outside this building
- No piped water

55a. Are your MAIN cooking facilities located inside or outside this building? Mark ONE box.
- Inside this building
- Outside this building
- No cooking facilities – SKIP to question 55c

b. What type of cooking facilities are these? Mark ONE box.
- Electric stove
- Kerosene stove
- Gas stove
- Microwave oven and non-portable burners
- Microwave oven only
- Other (fireplace, hotplate, etc.)

56. Does this living quarters have telephone service from which you can both make and receive calls?
- Yes, a cell or mobile phone only
- Yes, a landline only
- Yes, both a cell or mobile phone and a landline
- No

57. Do you have air conditioning?
- Yes, a central air-conditioning system (includes split-type)
- Yes, 1 individual room unit
- Yes, 2 or more individual room units
- No

58. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
- None
- 1
- 2
- 3
- 4
- 5
- 6 or more
59. Do you or any member of this household have a battery-operated radio? Count only if computer is in working condition.

☐ Yes
☐ No

60a. Do you or any member of this household have a computer or laptop? Count only if computer is in working condition.

☐ Yes
☐ No – SKIP to question 61

b. Do you or any member of this household have an internet connection at this living quarters?

☐ Yes
☐ No

61. Do you get water from?

☐ A public system only?
☐ A public system and catchment?
☐ A village water system only? – Applies only in American Samoa
☐ An individual well?
☐ A catchment, tanks, or drums only?
☐ Some other source (a standpipe, spring, river, creek, etc.)?

☐ Yes
☐ No

62. Is this building connected to a public sewer?

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

63. Is this living quarters part of a condominium?

☐ Yes
☐ No

64. What is the MAIN type of material used for the outside walls of this building? Mark ONE box.

☐ Poured concrete
☐ Concrete blocks
☐ Metal
☐ Wood
☐ Other

65. What is the MAIN type of material used for the roof of this building? Mark ONE box.

☐ Poured concrete
☐ Metal
☐ Wood
☐ Other

66. What is the MAIN type of material used for the foundation of this building? Mark ONE box.

☐ Concrete
☐ Wood pier or pilings
☐ Other

67a. What is the average monthly cost for electricity for this living quarters?

Average monthly cost – Dollars

☐ $   .00

OR

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

b. What is the average monthly cost for gas for this living quarters?

Average monthly cost – Dollars

☐ $   .00

OR

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

c. What is the average monthly cost for water and sewer for this living quarters?

Average monthly cost – Dollars

☐ $   .00

OR

☐ Included in rent or condominium fee
☐ No charge

d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this living quarters?

Average monthly cost – Dollars

☐ $   .00

OR

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

68. Is this living quarters?

☐ Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
☐ Rented?
☐ Occupied without payment of rent?
Person 1—Continued

69. What is the monthly rent for this living quarters?
   Monthly amount – Dollars
   $ , , .00

70–75. Answer questions 70–75 if you or someone else in this household OWNS or IS BUYING this living quarters. Otherwise, SKIP to the questions for Person 2 on page 13.

70. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?
   Amount – Dollars
   $ , , .00

71. What were the real estate taxes on THIS property last year?
   Annual amount – Dollars
   $ , , .00
   □ None

72. What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?
   Annual amount – Dollars
   $ , , .00
   □ None

73a. 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 74a

73b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.
   Monthly amount – Dollars
   $ , , .00
   □ No regular payment required – SKIP to question 74a

    OR

   □ No regular payment required

   □ No regular payment required

73c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
   □ Yes, taxes included in mortgage payment
   □ No, taxes paid separately or taxes not required

73d. Does the regular monthly mortgage payment include payments for fire, hazard, typhoon, or flood insurance on THIS property?
   □ Yes, insurance included in mortgage payment
   □ No, insurance paid separately or no insurance

74a. Do you or any member of this household have a second mortgage or home equity loan on THIS property?
   □ Yes, a home equity loan
   □ Yes, a second mortgage
   □ Yes, both second mortgage and home equity loan
   □ No – SKIP to question 75

74b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
   Monthly amount – Dollars
   $ , , .00
   □ No regular payment required

Answer question 75 ONLY if this is a CONDOMINIUM.

75. What is the monthly condominium fee?
   Monthly amount – Dollars
   $ , , .00

→ Are there more people living here? If YES, continue with Person 2 on the next page.
1. What is this person's name? Print the name of Person 2 from page 2.

Last Name

First Name MI

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

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

For Person 2, repeat questions 3–48 of Person 1.
For Persons 3–6, repeat questions 1–48 of Person 2.

**NOTE—** The content for Question 2 varies between Person 1 and Persons 2–6.

Thank you for completing your official Census 2010 form. If there are more than six people living in this house, apartment, or mobile home, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.