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 42 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
**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 C J U Z
First Name J D H N

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.

<table>
<thead>
<tr>
<th>Person 1 — Last Name</th>
<th>First Name</th>
<th>Mi</th>
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<tbody>
<tr>
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<tr>
<td>Person 2 — Last Name</td>
<td>First Name</td>
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<tr>
<td>Person 3 — Last Name</td>
<td>First Name</td>
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<tr>
<td>Person 4 — Last Name</td>
<td>First Name</td>
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<tr>
<td>Person 5 — Last Name</td>
<td>First Name</td>
<td>Mi</td>
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<tr>
<td>Person 6 — Last Name</td>
<td>First Name</td>
<td>Mi</td>
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<tr>
<td>Person 7 — Last Name</td>
<td>First Name</td>
<td>Mi</td>
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<tr>
<td>Person 8 — Last Name</td>
<td>First Name</td>
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<tr>
<td>Person 9 — Last Name</td>
<td>First Name</td>
<td>Mi</td>
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<tr>
<td>Person 10 — Last Name</td>
<td>First Name</td>
<td>Mi</td>
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<tr>
<td>Person 11 — Last Name</td>
<td>First Name</td>
<td>Mi</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Person 12 — Last Name</td>
<td>First Name</td>
<td>Mi</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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

5. **Is this person of Hispanic, Latino, or Spanish origin?**
   - Yes, of Hispanic, Latino, or Spanish origin
   - Yes, Puerto Rican
   - Yes, Mexican, Mexican American, Chicano
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard, and so on.

6. **What is this person's race?** Mark ONE or more boxes.
   - White
   - Black, African Am., or Negro
   - American Indian or Alaska Native – Print name of enrolled or principal tribe.
   - Asian Indian
   - Chinese
   - Filipino
   - Japanese
   - Korean
   - Vietnamese
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Cambodian, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Some other race – Print race.

7. **Where was this person born?** Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

8. **Is this person a CITIZEN of the United States?**
   - Yes, born in the U.S. Virgin Islands – SKIP to question 10a
   - Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands
   - Yes, born abroad of U.S. parent or parents
   - Yes, a U.S. citizen by naturalization
   - No, not a U.S. citizen (permanent resident)
   - No, not a U.S. citizen (temporary resident)

9. **When did this person come to the U.S. Virgin Islands to stay?** If this person has entered the U.S. Virgin Islands more than once, what is the latest year? Print numbers in boxes.
   - Year

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**(6-19-2009) Page 3, Solid black**

**D-61 VI, Page 3, Pantone Cyan (10%, 50% & 100%)**
Person 1 – Continued

10a. Where was this person’s mother born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

b. Where was this person’s father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

11a. At any time since February 1, 2010, has this person attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

b. What grade or level was this person attending? Mark ONE box.

12. 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
☐ No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
☐ Nursery school, preschool
☐ Kindergarten
☐ Grade 1 through 11 – Specify grade 1–11
☐ 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE
☐ Regular high school diploma
☐ GED or alternative credential

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

AFTER BACHELOR’S DEGREE
☐ Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)
☐ Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
☐ Doctorate degree (for example: PhD, EdD)

13. 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 the U.S. Virgin Islands
☐ Yes, not in the U.S. Virgin Islands

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

☐ Yes
☐ No – SKIP to question 15a
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14b. What is this language?</strong></td>
<td></td>
<td>(For example: French, Spanish, Chinese, Italian)</td>
</tr>
<tr>
<td><strong>c. How well does this person speak English?</strong></td>
<td>Very well</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not well</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td><strong>15a. Did this person live in this house or apartment 1 year ago (on April 1, 2009)?</strong></td>
<td>Person is under 1 year old – SKIP to question 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes, this house – SKIP to question 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No, different house</td>
<td></td>
</tr>
<tr>
<td><strong>b. Where did this person live 1 year ago?</strong></td>
<td>Name of the Island in the U.S. Virgin Islands, or the name of U.S. State, commonwealth, territory, or foreign country</td>
<td></td>
</tr>
<tr>
<td><strong>c. Name of city, town, or village</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?</strong></td>
<td>Mark “Yes” or “No” for EACH type of coverage in items a–g.</td>
<td></td>
</tr>
<tr>
<td>a. Insurance through a current or former employer or union (of this person or another family member)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Insurance purchased directly from an insurance company (by this person or another family member)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Medicare, for people 65 and older, or people with certain disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. TRICARE or other military health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. VA (including those who have ever used or enrolled for VA health care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Any other type of health insurance or health coverage plan – Specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17a. Is this person deaf or does he/she have serious difficulty hearing?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>18a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>18b. Does this person have serious difficulty walking or climbing stairs?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>18c. Does this person have difficulty dressing or bathing?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>19. 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?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>20. What is this person’s marital status?</strong></td>
<td>Married</td>
<td>Widowed</td>
</tr>
<tr>
<td><strong>21. If this person is female, how many babies has she ever had, not counting stillbirths?</strong></td>
<td></td>
<td>Do not count stepchildren or children she has adopted.</td>
</tr>
</tbody>
</table>
22a. 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 23

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 23

c. How long has this grandparent been responsible for the grandchild(ren)?  
☐ Less than 6 months  
☐ 6 to 11 months  
☐ 1 or 2 years  
☐ 3 or 4 years  
☐ 5 or more years

23. 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 25a  
☐ No, never served in the military – SKIP to question 26a

24. 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 1946)  
☐ November 1941 or earlier

25a. Does this person have a VA service-connected disability rating?  
☐ Yes (such as 0%, 10%, 20%, . . ., 100%)  
☐ No – SKIP to question 26a

b. What is this person’s service-connected disability rating?  
☐ 0 percent  
☐ 10 or 20 percent  
☐ 30 or 40 percent  
☐ 50 or 60 percent  
☐ 70 percent or higher

26a. LAST WEEK, did this person work for pay at a job (or business)?  
☐ Yes – SKIP to question 27  
☐ No, did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?  
☐ Yes  
☐ No – SKIP to question 32a

27. At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.  
☐ Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country  
☐ Name of city, town, or village

28. 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 ☐ the box of the one used for most of the distance.  
☐ Car, truck, or van  
☐ Bus (including Vitran or Vitran Plus)  
☐ Taxicab  
☐ Motorcycle  
☐ Safari or taxi bus  
☐ Ferryboat or water taxi  
☐ Plane or seaplane  
☐ Walked  
☐ Worked at home – SKIP to question 36  
☐ Other method
Person 1 – Continued

Answer question 29 if you marked “Car, truck, or van” in question 28. Otherwise, SKIP to question 30.

29. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
   Person(s)

30. What time did this person usually leave home to go to work LAST WEEK?
   Hour:  
   Minute:  a.m.  p.m.

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

Answer questions 32a–35 if this person did NOT work last week. Otherwise, SKIP to question 36.

32a. LAST WEEK, was this person on layoff from a job?
   □ Yes – SKIP to question 32c
   □ No

32b. 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 35
   □ No – SKIP to question 33

32c. 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 34
   □ No

33. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
   □ Yes – SKIP to question 35
   □ No

34. 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.)

35. When did this person last work, even for a few days?
   □ 2005 to 2010
   □ 2004 or earlier, or never worked – SKIP to question 45

36–41. 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.

36. Was this person –
   Mark ONE box.
   □ An employee of a PRIVATE FOR-PROFIT company or business of an individual, for wages, salary, or commissions?
   □ An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
   □ A local GOVERNMENT employee (territorial, 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?

37. 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

   ...
Person 1 – Continued

38. 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 repair shop, bank)

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

40. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

41. What were this person’s most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

42. LAST YEAR, 2009, did this person work at a job or business at any time?
- Yes
- No – SKIP to question 45

43a. During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work.
- Yes – SKIP to question 44
- No

43b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

44. During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

45. INCOME IN 2009
Mark the “Yes” box 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 45d and 45e). 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.

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. If exact amount is not known, please give best estimate.

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 → $___________
- Loss
- No

45c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Annual amount – Dollars
- Yes → $___________
- Loss
- No

46. During 2009, in the WEEKS WORKED, how many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

47. How many hours did this person usually work each WEEK?

48. 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 repair shop, bank)

49. What were this person’s most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

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

51. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

52. What were this person’s most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

53. LAST YEAR, 2009, did this person work at a job or business at any time?
- Yes
- No – SKIP to question 54

54a. During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work.
- Yes – SKIP to question 55
- No

54b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

54c. During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

55. INCOME IN 2009
Mark the “Yes” box 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 45d and 45e). 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.

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. If exact amount is not known, please give best estimate.

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 → $___________
- Loss
- No

55c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Annual amount – Dollars
- Yes → $___________
- Loss
- No
Person 1 – Continued

45d. Social Security or Railroad Retirement.
   Annual amount – Dollars
   □ Yes $ .00
   □ No

45e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).
   Annual amount – Dollars
   □ Yes $ .00
   □ No

45f. Retirement, survivor, or disability pensions. Do NOT include Social Security.
   Annual amount – Dollars
   □ Yes $ .00
   □ No

45g. 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 sale of a home.
   Annual amount – Dollars
   □ Yes $ .00
   □ No

46. What was this person’s total income during 2009? Add entries in questions 45a–45g; subtract any losses. If net income was a loss, enter the amount and mark the “Loss” box next to the dollar amount.
   Annual amount – Dollars
   □ None OR $ .00 □ Loss

Please answer questions 47–71 about your household.

47. 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 or more apartments
   □ A boat or houseboat
   □ RV, van, etc.

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

49. When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?
   □ 2009 or 2010
   □ 2000 to 2008
   □ 1990 to 1999
   □ 1980 to 1989
   □ 1970 to 1979
   □ 1960 to 1969
   □ 1950 to 1959
   □ 1940 to 1949
   □ 1939 or earlier

Answer questions 50–52 if this is a HOUSE or a MOBILE HOME. Otherwise, SKIP to question 52.

50. How many acres is this house or mobile home on?
   □ Less than 1 acre – SKIP to question 52
   □ 1 to 9.9 acres
   □ 10 or more acres

51. In 2009, what were the actual sales of all agricultural products from this property?
   □ None
   □ $1 to $999
   □ $1,000 to $2,499
   □ $2,500 to $4,999
   □ $5,000 to $9,999
   □ $10,000 or more

52. Is there a business (such as a store or barber shop) or a medical office on this property?
   □ Yes
   □ No
**Person 1 – Continued**

### 53a. How many separate rooms are in this house, apartment, or mobile home?
Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.
- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

<table>
<thead>
<tr>
<th>Number of Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 room</td>
</tr>
<tr>
<td>2 rooms</td>
</tr>
<tr>
<td>3 rooms</td>
</tr>
<tr>
<td>4 rooms</td>
</tr>
<tr>
<td>5 rooms</td>
</tr>
<tr>
<td>6 rooms</td>
</tr>
<tr>
<td>7 rooms</td>
</tr>
<tr>
<td>8 rooms</td>
</tr>
<tr>
<td>9 or more rooms</td>
</tr>
</tbody>
</table>

### 53b. How many of these rooms are bedrooms?
Count as bedrooms those rooms you would list if this living quarters were for sale or rent; if this is an efficiency/studio apartment, mark “No bedroom.”

- No bedroom
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 or more bedrooms

### 54. Does this house, apartment, or mobile home have –

- a. Hot and cold running water?  
  - Yes
  - No
- b. A flush toilet?  
  - Yes
  - No
- c. A bathtub or shower?  
  - Yes
  - No
- d. A sink with a faucet?  
  - Yes
  - No
- e. A stove or range?  
  - Yes
  - No
- f. A refrigerator?  
  - Yes
  - No

### 55. Does this house, apartment, or mobile home 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

### 56. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

### 57. Which FUEL is used MOST for cooking in this house, apartment, or mobile home?

- Gas: bottled or tank
- Electricity
- Fuel oil, kerosene, etc.
- Wood or charcoal
- Other fuel
- No fuel used

### 58a. Do you or any member of this household have a home computer or laptop? Count only if computer is in working condition.

- Yes
- No – SKIP to question 58b.

### 58b. Do you or any member of this household have an Internet connection at this house, apartment, or mobile home?

- Yes
- No

### 59a. Do you get water from –

- Mark ONE box.
  - A public system only?
  - A public system and cistern?
  - A cistern, tanks, or drums only?
  - A public standpipe?
  - Some other source (an individual well or spring)?

### 59b. During the past month, did anyone in this house, apartment, or mobile home purchase any water from –

- Mark all that apply.
  - A water delivery vendor?
  - A supermarket or grocery store?
  - Neither of the above

### 60. 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

### 61. Is this living quarters part of a condominium?

- Yes
- No
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Person 1 – Continued

62a. What is the average monthly cost for electricity for this house, apartment, or mobile home?
   Average monthly cost – Dollars
   $ $ $.00
   OR
   □ Included in rent or condominium fee
   □ No charge or electricity not used

62b. What is the average monthly cost for gas for this house, apartment, or mobile home?
   Average monthly cost – Dollars
   $ $ $.00
   OR
   □ Included in rent or condominium fee
   □ No charge or gas not used

62c. What is the average monthly cost for water and sewer for this house, apartment, or mobile home?
   Average monthly cost – Dollars
   $ $ $.00
   OR
   □ Included in rent or condominium fee
   □ No charge

62d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this house, apartment, or mobile home?
   Average monthly cost – Dollars
   $ $ $.00
   OR
   □ Included in rent or condominium fee
   □ No charge or these fuels not used

63. Is this house, apartment, or mobile home –
   Mark □ ONE box.
   □ Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
   □ Owned by you or someone in this household free and clear (without a mortgage or loan)?
   □ Rented?
   □ Occupied without payment of rent?

Answer questions 64a and 64b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 65.

64a. What is the monthly rent for this house, apartment, or mobile home?
   Monthly amount – Dollars
   $ $ $.00

b. Does the monthly rent include any meals?
   □ Yes
   □ No

64b. What is the average monthly cost for electricity for this house, apartment, or mobile home?
   Average monthly cost – Dollars
   $ $ $.00
   OR
   □ Included in rent or condominium fee
   □ No charge or electricity not used

65. Answer questions 65–71 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to the questions for Person 2.

65–71.

65. 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

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

67. What was the annual payment for fire, hazard, and flood insurance on THIS property?
   Annual amount – Dollars
   $ $ $.00
   OR
   □ None
Person 1 – Continued

68a. 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 69a

b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.
   Monthly amount – Dollars
   $_________ .00

   OR
   ☐ No regular payment required – SKIP to question 69a

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

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

69a. 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 69b

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
   Monthly amount – Dollars
   $_________ .00

   OR
   ☐ No regular payment required

Answer question 70 ONLY if this is a CONDOMINIUM.

70. What is the monthly condominium fee?
   Monthly amount – Dollars
   $_________ .00

Answer question 71 if this is a MOBILE HOME or a BOAT. Otherwise, SKIP to the questions for Person 2 on page 13.

71. What was the total annual cost for installment loan payments, personal property taxes, site rent, marina fee, registration fees, and license fees on THIS mobile home or boat and its site/slip last year? Exclude real estate taxes.
   Annual 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
   
   M/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

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**For Person 2, repeat questions 3–46 of Person 1.**
For Persons 3–6, repeat questions 1–46 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 living quarters, 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.