

# Census 2000

American  
Samoa

U.S. Department of Commerce  
Bureau of the Census



This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs — today and in the future!

name  
as  
American  
Samoa

Commonwealth of the  
Northern Mariana Is  
Guam  
US Virgin Islands

## Start Here

Please use a black or blue pen. Do NOT mail this form, your completed form will be picked up by a census worker.

**1** How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?

Number of people

**INCLUDE** in this number:

- foster children, roomers, or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while working, even if they have another place to live

**DO NOT INCLUDE** in this number:

- college students living away while attending college
- people in a correctional facility, nursing home, or mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time

**→** Please turn the page and print the names of all the people living or staying here on April 1, 2000.

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 Census Bureau estimates that, for the average household, this form will take about 62 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0860, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

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

Form **D-13 AS**

OMB No. 0607-0860: Approval Expires 12/31/2000

[[www.census.gov/dmd/2000quest.html](http://www.census.gov/dmd/2000quest.html)]

# 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, 2000.

Example — Last Name

JOHNSON

First Name MI

ROBIN J

Start with the person, or one of the people living here who owns, is buying, or rents this house, apartment, or mobile home. If there is no such person, start with any adult living or staying here.

Person 1 — Last Name

First Name MI

Person 2 — Last Name

First Name MI

Person 3 — Last Name

First Name MI

Person 4 — Last Name

First Name MI

Person 5 — Last Name

First Name MI

Person 6 — Last Name

First Name MI

Person 7 — Last Name

First Name MI

Person 8 — Last Name

First Name MI

Person 9 — Last Name

First Name MI

Person 10 — Last Name

First Name MI

Person 11 — Last Name

First Name MI

Person 12 — Last Name

First Name MI

→ Next, answer questions about Person 1. If you didn't have room to list everyone who lives in this house or apartment, 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



Your answers  
are important!  
Every person in the  
Census counts.

**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?

Age on April 1, 2000

Print numbers in boxes.

Month    Day    Year of birth

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

- Now married  
 Widowed  
 Divorced  
 Separated  
 Never married

**7** a. At any time since February 1, 2000, has this person attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended since February 1 → Skip to 8a  
 Yes, public school, public college  
 Yes, private school, private college

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

- Pre-kindergarten  
 Kindergarten  
 Grade 1 to grade 4  
 Grade 5 to grade 8  
 Grade 9 to grade 12  
 College undergraduate years (freshman to senior)  
 Graduate or professional school (for example: medical, dental, or law school)

**8** a. 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-kindergarten to 4th grade  
 5th grade or 6th grade  
 7th grade or 8th grade  
 9th grade  
 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)  
 Bachelor's degree (for example: BA, AB, BS)  
 Master's degree (for example: MA, MS, MEd, MEd, MSW, MBA)  
 Professional degree (for example: MD, DDS, DVM, LLB, JD)  
 Doctorate degree (for example: PhD, EdD)

b. 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



**Person 1 (continued)**

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

- Yes
- No → Skip to 10

**b. What is this language?**

*(For example: Chamorro, Samoan, Carolinian, Tongan)*

**c. 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
- Does not speak English

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

**11 Is this person a CITIZEN or NATIONAL of the United States?**

- Yes, born in this Area → Skip to 14a
- 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)

**12 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

**13 What was this person's main reason for moving to this Area?**

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- To attend school
- Medical
- Housing
- Other

**14 a. 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.**

**15 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

**16 a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?**

- Person is under 5 years old → Skip to 35
- Yes, this house → Skip to 17
- No, different house

**b. Where did this person live 5 years ago?**

**Name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17.**

**c. Name of city, town, or village**

**17 Does this person have any of the following long-lasting conditions:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

**Person 1 (continued)**

- 18** 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:
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

- 19** Was this person under 15 years of age on April 1, 2000?
- Yes → Skip to 35
- No

- 20** a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
- None → Skip to 21a
- |                            |                             |                                     |
|----------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6  | <input type="checkbox"/> 11         |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7  | <input type="checkbox"/> 12         |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8  | <input type="checkbox"/> 13         |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9  | <input type="checkbox"/> 14         |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> 15 or more |

**b.** What was the date of birth of the last child born to this person? Print numbers in boxes.

Month    Day    Year of birth

- 21** 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 22a

**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 22a

**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 responsible for the longest period of time.

Less than 6 months

6 to 11 months

1 or 2 years

3 or 4 years

5 years or more

- 22** a. 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 in past, but not now
- No, training for Reserves or National Guard only → Skip to 23
- No, never served in the military → Skip to 23

**b.** When did this person serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which this person served.

- April 1995 or later
- August 1990 to March 1995 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964—April 1975)
- February 1955 to July 1964
- Korean conflict (June 1950—January 1955)
- World War II (September 1940—July 1947)
- Some other time

**c.** In total, how many years of active-duty military service has this person had?

- Less than 2 years
- 2 years or more

**23** LAST WEEK, did this person do ANY work for either pay or profit? Answer "Yes" 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. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark  ONE box.

- Yes, worked for pay or profit; did NO subsistence activity
- Yes, worked for pay or profit AND did subsistence activity
- No, did NOT work for pay or profit; did subsistence activity → Skip to 27a
- No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a

**24** 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.

**a.** Name of island, U.S. state, commonwealth, territory, or foreign country

**b.** Name of city, town, or village



## Person 1 (continued)

- 25 a.** 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 (X) the box of the one used for most of the distance.

- Car, truck, or private van/bus  
 Public van/bus  
 Boat  
 Taxicab  
 Motorcycle  
 Bicycle  
 Walked  
 Worked at home → Skip to 29  
 Other method

→ If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.

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

- Drove alone  
 2 people  
 3 people  
 4 people  
 5 or 6 people  
 7 or more people

- 26 a.** What time did this person usually leave home to go to work LAST WEEK?

a.m.     p.m.

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

Minutes

→ Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.

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

- Yes → Skip to 27c  
 No

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

- Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28  
 No → Skip to 27d

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

- Yes → Skip to 27e  
 No

- 27 d.** Has this person been looking for work during the last 4 weeks?

- Yes  
 No → Skip to 28

- e.** 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.)

- 28** When did this person last work, even for a few days? Do not include subsistence activity.

- 2000  
 1999  
 1998  
 1995 to 1997  
 1990 to 1994 → Skip to 33  
 1989 or earlier → Skip to 33  
 Never worked; or did subsistence only → Skip to 33

- 29** Industry or Employer — 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 the information for his/her last job or business since 1995.

- a.** For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box →  and print the branch of the Armed Forces.

Name of company, business, or other employer

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

- c.** Is this mainly — Mark (X) ONE box.

- Manufacturing?  
 Wholesale trade?  
 Retail trade?  
 Other (agriculture, construction, service, government, etc.)?

**Person 1 (continued)**

**30 Occupation**

**a. What kind of work was this person doing?**  
(For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)

**b. What were this person's most important activities or duties?** (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)

**31 Was this person** — Mark  **ONE** box.

- Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
- Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
- 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

**32 a. LAST YEAR, 1999, did this person work at a job or business at any time?** Do not include subsistence activity.

- Yes
- No → Skip to 33

**b. How many weeks did this person work in 1999?**  
Count paid vacation, paid sick leave, and military service; do not count subsistence activity.  
Weeks

**c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?** Do not include subsistence activity.  
Usual hours worked each WEEK

**33 INCOME IN 1999** — Mark  the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. 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, if possible, the appropriate share for each person; otherwise, 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.

Yes Annual amount — Dollars

No

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

Yes Annual amount — Dollars

Loss

No

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

Yes Annual amount — Dollars

Loss

No

**d. Social Security or Railroad Retirement**

Yes Annual amount — Dollars

No

**e. Supplemental Security Income (SSI)**

Yes Annual amount — Dollars

No

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

Yes Annual amount — Dollars

No



## Person 1 (continued)

**33 g. Retirement, survivor, or disability pensions —**

*Do NOT include Social Security.*

Yes Annual amount — *Dollars*

No

**h. Any remittances —** *Include money from relatives outside the household or in the military.*

Yes Annual amount — *Dollars*

No

**i. 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.*

Yes Annual amount — *Dollars*

No

**34 What was this person's total income in 1999?** *Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

Annual amount — *Dollars*

None OR

Loss

**→ Now, please answer questions 35—61 about your household.**

**35 Is this living quarters —**

- 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?

**36 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
- Two houses — ***Applies only in American Samoa***
- Three or more houses — ***Applies only in American Samoa***
- 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
- A container
- Boat, RV, van, etc.

**37 About when was this building first built?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> 1999 or 2000 | <input type="checkbox"/> 1960 to 1969    |
| <input type="checkbox"/> 1995 to 1998 | <input type="checkbox"/> 1950 to 1959    |
| <input type="checkbox"/> 1990 to 1994 | <input type="checkbox"/> 1940 to 1949    |
| <input type="checkbox"/> 1980 to 1989 | <input type="checkbox"/> 1939 or earlier |
| <input type="checkbox"/> 1970 to 1979 |  |

**38 When did this person move into this living quarters?**

- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1980 to 1989
- 1970 to 1979
- 1969 or earlier

**39 How many rooms do you have in this living quarters?** *Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.*

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 1 room  | <input type="checkbox"/> 6 rooms         |
| <input type="checkbox"/> 2 rooms | <input type="checkbox"/> 7 rooms         |
| <input type="checkbox"/> 3 rooms | <input type="checkbox"/> 8 rooms         |
| <input type="checkbox"/> 4 rooms | <input type="checkbox"/> 9 or more rooms |
| <input type="checkbox"/> 5 rooms |  |

**40 How many bedrooms do you have; that is, how many bedrooms would you list if this living quarters were on the market for sale or rent?**

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

**41 a. 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

**b. Do you have a bathtub or shower?**

- Yes, in this unit
- Yes, in this building, not in unit
- Yes, outside this building
- No



**Person 1 (continued)**

41

**c. Do you have a flush toilet?**

- Yes, in this unit → *Skip to 42a*
- Yes, in this building, not in unit → *Skip to 42a*
- Yes, outside this building → *Skip to 42a*
- No

**d. What type of toilet facilities do you have?**

- Outhouse or privy
- Other or none

42

**a. Are your MAIN cooking facilities located inside or outside this building?**

- Inside this building
- Outside this building
- No cooking facilities → *Skip to 42c*

**b. What type of cooking facilities are these?**

- Electric stove
- Kerosene stove
- Gas stove
- Microwave oven and non-portable burners
- Microwave oven only
- Other (fireplace, hotplate, etc.)

**c. Do you have a refrigerator in this building?**

- Yes
- No

**d. Do you have a sink with piped water in this building?**

- Yes
- No

43

**Is there telephone service available in this living quarters from which you can both make and receive calls?**

- Yes
- No

44

**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

45

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

- |                               |                                    |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 4         |
| <input type="checkbox"/> 1    | <input type="checkbox"/> 5         |
| <input type="checkbox"/> 2    | <input type="checkbox"/> 6 or more |
| <input type="checkbox"/> 3    |                                    |

46

**Do you have a battery operated radio?** *Count car radios, transistors, and other battery operated sets in working order or needing only a new battery for operation.*

- Yes, 1 or more
- No

47

**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 such as a standpipe, spring, river, creek, etc.?

48

**Is this building connected to a public sewer?**

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

49

**Is this living quarters part of a condominium?**

- Yes
- No

50

**What is the MAIN type of material used for the outside walls of this building?**

- Poured concrete
- Concrete blocks
- Metal
- Wood
- Other

51

**What is the MAIN type of material used for the roof of this building?**

- Poured concrete
- Metal
- Wood
- Other

52

**What is the MAIN type of material used for the foundation of this building?**

- Concrete
- Wood pier or pilings
- Other

53

**Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 54a.**

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

- Yes
- No

54

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

Average monthly cost — *Dollars*

OR

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



## Person 1 (continued)

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

Average monthly cost — *Dollars*

OR

- Included in rent or in condominium fee  
 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*

OR

- Included in rent or in 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*

OR

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

- 55** a. Answer 55b ONLY if RENT IS PAID for this living quarters — All others skip to 56.

- b. What is the monthly rent?

Monthly amount — *Dollars*

- 56** Answer questions 56a—61 if you or someone in this household owns or is buying this living quarters; otherwise, skip to questions for Person 2.

- a. Do you 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 57a

- b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.

Monthly amount — *Dollars*

OR

- No regular payment required → Skip to 57a

- c. Does your 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

- 56** d. Does your 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

- 57** a. Do you have a second mortgage or a home equity loan on THIS property? Mark (X) all boxes that apply.

- Yes, a second mortgage  
 Yes, a home equity loan  
 No → Skip to 58

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

Monthly amount — *Dollars*

OR

- No regular payment required

- 58** What were the real estate taxes on THIS property last year?

Yearly amount — *Dollars*

OR

- None

- 59** What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?

Annual amount — *Dollars*

OR

- None

- 60** What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot would sell for if it were for sale?

Value of property — *Dollars*

- 61** Answer ONLY if this is a CONDOMINIUM — What is the monthly condominium fee?

Monthly amount — *Dollars*

- Are there more people living here? If yes, continue with Person 2.