This is the official form for all people at this address. It is easy, and your answers are protected by law.

## Use a blue or black pen. <br> Start here

The "Informational Copy" shows the content of the Census 2010 questionnaire for Guam. Each household will receive a form, which includes 48 questions relating to population characteristics and 27 questions relating to housing characteristics. The content of the form resulted from reviewing the 2000 c ensus data, consulting with federal and non-federal data users, and conducting tests.

For additional information about Census 2010 in Guam, please write to the Director, U.S. Censu:s Bureau, Washington, DC 20233.

Do NOT mail this form, your completed form will be picked up by a census worker.

The Census must count every person living in Guam on April 1, 2010.
Before you answer Question 1, count the people living in this house, apariment, or mobile home using our guidelines.

- Count all people, including babies, who live and sleep here most of the time.


## The Census Bureay also conducts counts in institutions and other places, so:

- Donorcount anyone living away either at college or in the Armed Forces.
- Donot count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.

Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

[^0]1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?
$\square$ Number of people
$\rightarrow$ Please turn the page and print the names of all the people living or staying here on April 1, 2010.

> 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

## List of Persons

$\rightarrow$ 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

| CRUZ |  |
| :--- | :--- |
| First Name | MI |
| $J O H N$ | $J$ |

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

|  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

Person 2 - Last Name


Person 5 - Last Name

|  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |

Person 6 - Last Name


Person 7 - Last Name
$\square$
First Name


Person 9 - Last Name


Person 10 - Last Name


First Name MI


Person 11 - Last Name

|  |
| :--- |
|  |
| First Name |

Person 12 - Last Name
$\square$
First Name MI

|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |

$\rightarrow$ 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
$\square$
First Name
$\square$

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 X ONE box.
$\square$ Male
$\square$ 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


Print numbers in boxes.
Month Day Year of birth

5. What is this person's ethnic origin orrace?

(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japarese, korean, Palauan, Tongan, and so on.)
6. Where was this person born? Print the name of the island (village in Amerron Samoa), U.S. state, commonweatth, terntoy, 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
$\square$ 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
$\square$
9. What was this perison's MAIN reason for moving to this Area? Mark X ONE box.

EmploymentMilitarySubsistennce 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
$\square$ 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

## 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.
$\square$ No, has not attended since February 1 - SKIP to question 13Yes, public school, public collegeYes, private school, private college, home school
b. What grade or level was this person attending? Mark XONE box.Pre-kindergartenKindergarten
$\square$
Grade 1 through 12 Specify grade 1-12
$\rightarrow$ $\square$
$\square$ College undergraduate years (freshman to senior)
$\square$ 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 X ONE box. If currently enrolled, mark the previous grade or highest degree received.

## NO SCHOOLING COMPLETED

No schooling completedPRE-KINDERGARTEN THROUGH GRADA 12Pre-kindergartenKindergartenGrade 1 through 11 Specify grade 1-11$12^{\text {th }}$ grade - NO DIPLOMA

## HIGH SCHOOL GRADUATE

Regular high schoo diplomaGED or alternative credential
## COLLEGE OR SQ, ${ }^{\circ}$ COLLEGE

Some college credit, but less than 1 year of college credit,1 or more years of college credit, no degreeAssociate's degree (for example: AA, AS)Bachelor's degree (for example: $B A, B S$ )
## AFTER BACHELOR'S DEGREE

$\square$ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
$\square$ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
$\square$ 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 AreaYes, not in this Area15a. Does this person speak a language other than English at home?YesNo - SKIP to question 16
b. What is this language?

c. Does this person speak this language at home more freauertly than English?

Yes. more frequently than English
Both equally often
No, less frequently than English
Does not speak English
162. 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 17Yes, this house - SKIP to question 17
$\square$ 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.
$\square$
c. Name of city, town, or village
$\square$

## 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.

Yes No
a. Insurance through a current or former employer or union (of this person or another family member)
b. Insurance purchased directly from an insurance company (by this person or another family member)
c. Medicare, for people 65 and older, or people with certain disabilities
d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability
e. TRICARE or other military health care

f. VA (including those who have ever used or enrolled for VA health care)
g. Local medical programs for indigents
h. Any other type of health insurance or health coverage plan - Specify z


18a. Is this person deaf or does he/she have serious difficulty hearing?
$\square$ Yes
$\square$ No
b. Is this person blind or does he/she have serious difficulty seeing even whem wearing glasses?

YesNo

Answer questions 19aze in 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 difficutity cancentrating, remembering, or making decisions?

YesNo
b. Does this person have serious difficulty walking or climbing stairs?YesNo

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?
YesNo
21. What is this person's marital status?
$\square$ Now marriedWidowed
DivorcedSeparatedNêver married
22. 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 OR Number of children

$\square$
23a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
YesNo - SKIP to question 24
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?YesNo - SKIP to question 24
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 months6 to 11 months1 or 2 years
3 or 4 years5 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 dutyYes, on active duty during the last 12 months, but not nowYes, on active duty in the past, but not during the last 12 monthsNo, training for Reserves or National Guard only - SKIP to question 26aNo, 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 $X_{a}$ box for EACH period in which this person served, even if just for part of the period.

September 2001 or laterAugust 1990 to August 2001 (including Persian Gulf War)September 1980 to July 1990May 1975 to August 1980Vietnam era (August 1964 to April 1975)March 1961 to July 1964February 1955 to February 1961Korean War (July 1950 to January 1955)January 1947 to June 1950
World War II (December 1941 to December 1946)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 272
b. What is this person's service-connected disability rating?0 percent10 or 20 percent30 or 40 percent.50 or 60 percent70 percenior 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 $\chi_{\text {ONE }}$ box.
$\square$ Yes, worked for pay; did NO subsistence activity - SKIP to question 28
$\square$ Yes, worked for pay AND did subsistence activity - SKIP to question 28
$\square$ No, did NOT work for pay at a job or business (or was retired)
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Mark X ONE box.Yes, worked for pray; dio NO subsistence activityYes, worked for pay AND did subsistence activityNo, did NOI work for pay; did subsistence activity - SklP to question 33a
$\square$ No, did NOT work for pay; did NO subsistence activity - SKIP to question 33a
28. At what location did this person work LAST WEEE? Do not include subsistence activity. If this person worked at more than one location, print where the or she worked most last week.

Name of the island, U.S. state, commonwealth, territory, or foreign country
$\qquad$
b. Name of city, town, or village
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 $\boldsymbol{X}$ the box of the one used for most of the distance.Car, truck, or private van/bus
Public van/bus
BoatTaxicabMotorcycleBicycleWalkedWorked at home - SKIP to question 37Other method
}

## Person 1-Continued

Answer question 30 if you marked "Car, truck, or private van/bus" in question 29. Otherwise, SKIP to question 31.
30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?
Person(s)
$\square$
31. What time did this person usually leave home to go to work LAST WEEK?

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

Minutes


Answer questions 33a-36 if this person did NOT work last week. Otherwise, SKIP to question 37.

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

$$
\text { Yes - SKIP to question } 33 \mathrm{c}
$$

$\square$ No
b. LAST WEEK, was this person TEMPOFRARILY absent from a job or business?
$\square$ Yes, on vacation, temporary illness, matennity leave, other family/personal reasons bad weather, etc. - SKIP to question 36No - SKIP to question 34
c. Has this person been informed that he or she will be recalled to work within the next 6 months OR beengiyen a diate to return to work?
$\square$ Yes - SKIP to question 35
$\square$ No
34. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
$\square$ Yes
$\square$ 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 workNo, because of own temporary illnessNo, 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

## 37-42. CURRENT OR MOST RECENT JOB

 ACTIVITYDescribe clearly this person's chict job activity or business last week. If this persor 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 weak give information for his/her last job or pusiness since 2005.
37. Was this person - Mark $X$ ONE box.

An emplovee of a PRIVATE FOR-PROFIT company orbusiness or of an individual, for wages, salary, or commissions?
Ant 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?
$\square$ 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 $\boldsymbol{X}_{\text {this box }}$
and print the branch of the Armed Forces.
Name of company, business, or other employer
$\square$
$\square$
$\square$

## Person 1-Continued

39. What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
$\square$
$\square$
$\square$
40. Is this mainly - Mark X 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 watckes, tyoing 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.
$\square$ YesNo - 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
$\square \mathrm{No}$

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
48 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 persen usually work each WEEK? Do not incluve subsistence activity. Usual hours worked each WVEEK
$\square$
46. INCOME IN 2009

Mark $\boldsymbol{X}$ the "Yes" 100 for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99999 for qu uestions 46d and 46e). Mark X "No" boxwithe income source was not received.

If met income was a loss, enter the amount and mark $\boldsymbol{X}$ the "Ioss" 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 $X_{\text {the "No" box for the other person. If exact }}$ 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.

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

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


## Person 1-Continued

46d. Social Security or Railroad Retirement.
Annual amount - Dollars

e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).

f. Retirement, survivor, or disability pensions. Do NOT include Social Security.

> Annual amount - Dollars
Yes $\longrightarrow \$$ $\square$
$\square$ No00
g. Any remittances. Include money from relatives outside the household or in the military.
Annual amount - Dollars

h. Any other sources of income received regularly such as Veterans' (VA) paynents, 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

47. What was this person's total income during 2009? Add entries in questions 46a-46h; subtract any losses. If net inconfie was a loss, enter the amount and mark ${ }^{X}$ the moss" box next to the dollar amount.

48. During 2009, did this person GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.


Please answer questions 49-75 about your household.
49. Which best describes this building? Include all apartments, flats, etc., even if vacant.A mobile homeA one-family house detached from any other houseA one-family house attached to one or more housesTwo houses - Applies only in American SamoaThree or more houses - Applies only in American SamoaA building with 2 apartments
A building with 3 or 4 aparmentsA building with 5 to 9 apartmentsA building with 10 to 19 apartmentsA building with 20 o 49 apartmentsA building with 50 or more apartmentsA container (
Boat, RV, van, ete
50. About when was this building first built?

200sor 2610
2080 to 2008
1990 to 1999
1980 to 1989
1970 to 1979
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
Answer question 52 if this is a HOUSE or a MOBILE HOME. Otherwise, SKIP to question 53a.
52. Is there a business (such as a store or shop) or a medical office on this property?YesNo

## 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
b. 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 $X^{\prime \prime}$ "No bedroom."
] No bedroom
1 bedroom
2 bedrooms
3 bedrooms
$\square 4$ bedrooms5 or more bedrooms
54a. Do you have hot and cold piped water?
$\square$ Yes, in this unit
Yes, in this building, not in unit
$\square$ No, only cold piped water in this unit
No, only cold piped water in this building
No, only cold piped water outside this buiding
$\square$ No piped water
b. Do you have a bathtuit or shower?
$\square$ Yes, in this unit
Yes, in this building, not io unit
$\square$ Yes, outsidethis buildingNo
c. Do you have a flush toilet?

Yes, in this unit - SKIP to question 55a
Yes, in this building, not in unit - SKIP to question 55aYes, outside this building - SKIP to question 55a
d. What type of toilet facilities do you have?

Outhouse or privyOther or none

55a. Are your MAIN cooking facilities located inside or outside this building? Mark X ONE box.Inside this building
Outside this building
No cooking facilities - SKIP to question 55c
b. What type of cooking facilities are these? Mark X ONE box.

## $\square$ Electric stove

$\square$ Kerosene stove
$\square$ Gas stove Microwave oven and non-pertabieb burnersMicrowave oven only
Other (fireplace, hotplate, etc.)
C. Do you have arofrigerator in this building?
$\square$ YesNo
d. Do you have a sink with piped water in this bufiding?
56.

Does this living quarters have telephone service from which you can both make and receive calls?
$\square$ Yes, a cell or mobile phone only
Yes, a landline onlyYes, 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)
$\square$ Yes, 1 individual room unitYes, 2 or more individual room unitsNo
58. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?


## Person 1-Continued

59. Do you or any member of this household 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
No
60a. 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 61
b. Do you or any member of this household have an Internet connection at this living quarters?

YesNo
61. Do you get water from - Mark $X_{\text {ONE box }}$.A public system only?A public system and catchment?A village water system only? - Applies only in American SamoaAn individual well?A catchment, tanks, or drums only?Some other source (a standpipe, spring, river/? creek, etc.)?
62. Is this building connected to a pubricsewer?Yes, connected to a public sewerNo, connected to a septic tank or cesspod
$\square$ No, use other means
63. Is this living quarters part of a Condominium?
$\square$ Yes
$\square$ No
64. What is the MAN type of material used for the outside wans of this building?
Mark X ONEXOX.Poured concreteConcrete blocks
MetalWood
Other
65. What is the MAIN type of material used for the roof of this building? Mark $X$ ONE box.

## Poured concrete

MetalWood$\square$ Other
66. What is the MAIN type of material used for the foundation of this building? Mark X 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
ORIncluded in rent or condonmium feeNo charge or electricity not úsed
b. What is the average monthly cost for gas for this living quarters?

Average monthly cost - Dollars

. 00
OR
tricluded 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

ORIncluded in rent or condominium feeNo 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 feeNo charge or these fuels not used
68. Is this living quarters - Mark $\boldsymbol{X}$ ONE box.Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
$\square$ Owned by you or someone in this household free and clear (without a mortgage or loan)?
$\square$ Rented?
$\square$
Occupied without payment of rent?

## Person 1-Continued

Answer question 69 if this living quarters is RENTED. Otherwise, SKIP to question 70.
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

71. What were the real estate taxes on THIS property last year?

Annual amount - Dollars


None
72. What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?

$\square$ None
73a. Do you or any member of this household have a mortgage, dieed of trust, contract to purchase, or similiar debt on THIS property?

Yes, morigage deed of trust, or similar debt
$\square$ Yes, contract to purchaseNo - SKIR 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

$\square$ No regular payment required - SKIP to question $74 a$
c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?Yes, taxes included in motgage payment
No, taxes paid separateriy sr taxes not required
d. Does the regular rnontily mortgage payment include payments for fye, hazard, typhoon, or flood insurance on THIS property?

Yes, insuranceinduded in mortgage paymentNo, insurance paid separately or no insurance
74a. Do prou or ariy member of this household have alsecond 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
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 75 ONLY if this is a CONDOMINIUM.
75. What is the monthly condominium fee?

Monthly amount - Dollars

$\rightarrow$ Are there more people living here? If YES, continue with Person 2 on the next page.

## Person 2

1. What is this person's name? Print the name of Person 2 from page 2.
Last Name
$\square$

First Name MI
$\square$$\square$
2. How is this person related to Person 1? Mark X ONE box.Husband or wifeBiological son or daughter
Adopted son or daughter
Stepson or stepdaughterBrother or sisterFather or mother
GrandchildParent-in-law

Son-in-law or daughter-in-law
Other relative
Roomer or boarder
$\square$ Housemate or roommateUnmarried partner $\square$ Other nonrelative

Parentin-law

## For Person 2, repeat questions 3-48 of Persón 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.


[^0]:    - If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.

