

PGM 2 ↓

1. Control number (cc 1) PSU Segment Serial	2. Sample (cc 4) (Circle one) F F 1 or 2	Office use only (Ch. Dg.)
Exact address (cc 5a) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

NOTICE - All information which would permit identification of the individual will be held in strict confidence by law, under U.S. Code, title 13, section 9a. It may be seen only by sworn Census employees and may be used only for statistical purposes.

FORM **AHS-2**
(2-9-83)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

ANNUAL HOUSING SURVEY

NATIONAL SAMPLE - 1983

3. House- hold No. (cc 2)	4. Type of segment (cc 3) 1 <input type="checkbox"/> Area 2 <input type="checkbox"/> Address 3 <input type="checkbox"/> Permit 4 <input type="checkbox"/> Special place 5 <input type="checkbox"/> Cen-Sup	5a. Interviewer name	b. Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">c. Date of first visit</td> </tr> <tr> <td style="width: 33%; padding: 2px;">Month</td> <td style="width: 33%; padding: 2px;">Day</td> <td style="width: 33%; padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="padding: 2px;">d. Date interview completed</td> </tr> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	c. Date of first visit			Month	Day	Year				d. Date interview completed			Month	Day	Year			
c. Date of first visit																						
Month	Day	Year																				
d. Date interview completed																						
Month	Day	Year																				
		e. Line No. of HH respondent (cc 10)																				

6. LAND USE

RURAL

001 Reg. units OR
 Sp. Pl. units coded 85-88 in Control Card item 5c

2 Sp. Pl. units not coded 85-88 in Control Card item 5c

URBAN

3 All Reg. and Sp. Pl. units

7a. Status of control number

002 Control number in sample previously - Skip to item 8

Control number in sample for first time this enumeration period - Fill item 7b

b. Reason for adding control number

002 2 New construction 6 Conversion of nonresidential unit

3 Mobile home moved in 7 Other - Specify

4 House moved in

5 Unit resulted from structural conversion

8. Type of interview

Interview

003 1 Regular - (One or more "Y's" in cc 11c)

2 URE - (All "N's" in cc 11c) } Skip to Section II, page 3

3 Vacant }

4 Noninterview - { Type A or B - Skip to 159, page 54
 Type C - Enclose completed AHS-397 and go to Control Card item 39

Section I (TRANSCRIBE FROM CONTROL CARD)

9. Reason for noninterview (cc 40d)

a. Type A

004 1 No one home

2 Temporarily absent

3 Refused

4 Unable to locate

5 Other occupied - Specify

b. Type B

004 10 Unit for nonresidential use (e.g., business school, or commercial storage) } Fill item 9e

11 OTHER unit, except unoccupied site for mobile home or tent }

12 Unoccupied site for mobile home or tent

13 Under construction - not ready

14 Scheduled to be demolished }

15 Condemned or occupancy prohibited by law } Fill items 9d and e

16 Interior exposed to the elements }

17 Unit severely damaged by fire }

18 Other - Specify

19 Permit granted - construction not started

9. Reason for noninterview (cc 40d) - Continued

c. Type C

004 30 Unit eliminated in structural conversion

31 Demolished

32 Disaster loss (flood, tornado, etc.)

33 Disaster loss - fire

34 House or mobile home moved

35 Merged - not in current sample

36 Built after April 1, 1970

37 Other - Specify

38 Unused permit - abandoned
 (Fill for type B14 thru B18 only)

d. Unit boarded-up (cc 40e)

005 1 Yes

2 No

(Fill for type B10, 11, 14-18 only)

e. Status of structure (Item 6, Form AHS-397)

006 1 Structure currently has no housing units

2 Structure currently has one or more housing units

Section I - Continued (TRANSCRIBE FROM CONTROL CARD)

10. Structure originally built (cc 6)

April 1, 1970 or later

(007)

Month (01-12)	Year

OR

(007) 1 1969 to March 31, 1970

2 1965-1968

3 1960-1964

4 1950-1959

5 1940-1949

6 1939 or earlier

OFFICE USE ONLY

(007) x

12. Type of living quarters (cc 9b and c)

HOUSING UNIT

- (009) 1 House, apartment, flat
 2 HU in nontransient hotel, motel, etc.
 3 HU permanent in transient hotel, motel, etc.
 4 HU in rooming house
 5 Mobile home or trailer with NO permanent room added
 6 Mobile home or trailer WITH one or more permanent rooms added
 7 HU not specified above - Specify

OTHER UNIT (Treat as Type B Noninterview)

- 8 Quarters not HU in rooming or boarding house
 9 Unit not permanent in transient hotel, motel, etc.
 10 Unoccupied tent site or trailer site
 11 OTHER unit not specified above - Specify

11. Access (cc 9a)

(008) 1 Direct

2 Through another unit

13. Occupancy status (cc 40c)

- (010) 1 "Reg. Occu." or "Occu." - Skip to Section IV A, page 8
 2 Vac. - Skip to Section XV, page 56
 3 "URE. Occu." or "URE" - Skip to Section IV A, page 8

Type B and Type C Noninterviews (cc 40c = blank) - Skip to Section XV, page 56

NOTES

QUESTIONNAIRE ITEMS TO BE FILLED FOR NONINTERVIEWS AND VACANT INTERVIEWS

NONINTERVIEWS			VACANT INTERVIEWS
TYPE A	TYPE B	TYPE C	
I.D. Items 1, 2 and Address * 3-5e** 6-8 Section I items 9a 11 12 13 Section XIV, page 54 Section XV, page 56	I.D. Items 1, 2 and Address * 3-5e** 6-8 Section I items 9b 9d and e (Where appropriate) 11 12 Section XIV, page 54 Section XV, page 56	I.D. Items 1, 2 and Address * 3-5e** 6-8 Section I items 9c Section XV, page 56	I.D. Items 1, 2 and Address * 3-8** Section I items 10-13 Section II, page 3 Section III, pages 4-7 Section XIV, page 54 Section XV, page 56

***NOTE** - Fill items 1 and 2 only if AHS-2 is not labeled or if control number on label is incorrect. In addition, the complete address of the sample unit must be entered or updated on each questionnaire.

****NOTE** - In item 5e enter the relationship of the person providing the information for the Noninterview or Vacant interview; e.g., manager, agent, or neighbor. If no one was consulted, leave item 5e blank.

Section II – REGULAR, URE, AND VACANT INTERVIEWS

<p>1. How many rooms are in this house (apartment)? Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.</p>	<p>(022) _____ Number of rooms</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;"> <p align="center">OFFICE USE ONLY</p> <p>x <input type="checkbox"/></p> </div>
<p>2. How many bedrooms are in this house (apartment)? Count rooms used mainly for sleeping even if used for other purposes.</p>	<p>(024) _____ Number of bedrooms</p> <p align="center">OR</p> <p>o <input type="checkbox"/> None</p>
<p>3. Does this house (building) have complete kitchen facilities; that is, a kitchen sink with piped water, a refrigerator and a range or a cookstove which are available for your use (the use of the intended occupants)?</p>	<p>(026) 1 <input type="checkbox"/> Yes – For this household only 2 <input type="checkbox"/> Yes – Also used by another household 3 <input type="checkbox"/> No</p>
<p>4a. Does the water for this house (apartment) come from a public or private system; an individual well; or some other source such as a spring, creek, river, cistern, etc.?</p>	<p>(028) 1 <input type="checkbox"/> A public system or private company – Skip to 5 2 <input type="checkbox"/> An individual well – Ask 4b 3 <input type="checkbox"/> Some other source – Specify ↓ _____ Skip to 5</p>
<p>b. Is the well drilled or dug?</p>	<p>(812) 1 <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug</p>
<p>5. What means of sewage disposal does this house (building) have?</p>	<p>(030) 1 <input type="checkbox"/> Public sewer 2 <input type="checkbox"/> Septic tank or cesspool 3 <input type="checkbox"/> Chemical toilet 4 <input type="checkbox"/> Privy 5 <input type="checkbox"/> Use facilities in another structure 6 <input type="checkbox"/> Other – Specify ↓ _____</p>
<p><input type="checkbox"/> Vacant interview – Skip to 7</p> <p>6. How is this house (apartment) heated – by gas, oil, electricity, or with some other fuel?</p> <p align="center"><i>(Mark the ONE used most)</i></p>	<p>(032) GAS ↓</p> <p>1 <input type="checkbox"/> From underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank, or LP 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene, etc. 5 <input type="checkbox"/> Electricity 6 <input type="checkbox"/> Coal or coke 7 <input type="checkbox"/> Wood 8 <input type="checkbox"/> Solar heat 9 <input type="checkbox"/> Other fuel 0 <input type="checkbox"/> No fuel used</p>
<p>7. Is there a garage or carport on this property which is currently available for your use (the use of the intended occupants)?</p>	<p>(034) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

CHECK ITEM A	<p>(See item 8, page 1)</p> <p><input type="checkbox"/> Regular or URE interview – Skip to Section IVB, page 10</p> <p><input type="checkbox"/> Vacant interview – Go to Section III, page 4</p>
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Section III - VACANT INTERVIEWS

1a. How many living quarters, both occupied and vacant, are there in this house (building)?

- (101)
- 1 Mobile home or trailer (NO permanent room attached) - Skip to item 2a
 - 2 One, detached from any other building (includes mobile home or trailer WITH one or more permanent rooms attached)
 - 3 One, attached to one or more buildings
 - 4 2
 - 5 3 or 4
 - 6 5 to 9
 - 7 10 to 19
 - 8 20 to 49
 - 9 50 or more
- } Skip to item 2a

OFFICE USE ONLY
x <input type="checkbox"/>

OBSERVATION

b. Is any part of this property used as a commercial establishment?

- (103)
- 1 Yes
 - 2 No

OBSERVATION

c. Is any part of this property used as a medical or dental office?

- (104)
- 1 Yes
 - 2 No

2a. How many stories (floors) are there in this house (building)? Do not count the basement.
(MARK mobile homes by observation)

- (105)
- 1 1 to 3 - Skip to 3
 - 2 4 to 6
 - 3 7 to 12
 - 4 13 or more

OBSERVATION

b. Is there a passenger elevator in this building?

- (106)
- 1 Yes
 - 2 No

3. Does this house (building) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet and a bathtub or shower, which are available for the use of the intended occupants of this house (apartment)?

- Yes → Are these facilities ONLY for the use of the intended occupants?
- (107)
- 1 Yes - Used for this household only - Ask 4
 - 2 No - Also used by another household - Skip to 5
 - 3 No - Skip to 5

4. A complete bathroom is a room with a flush toilet, a bathtub or shower, and a washbasin with piped water.
A half bathroom has at least a flush toilet or a bathtub or shower, but does not have all the facilities for a complete bathroom
How many complete bathrooms and half bathrooms does this house (apartment) have?

- (Mark only one box)
- (108)
- 1 Complete plumbing facilities but not in one room
 - 2 1 complete bathroom
 - 3 1 complete bathroom plus a half bath with no flush toilet
 - 4 1 complete bathroom plus a half bath with flush toilet
 - 5 2 complete bathrooms
 - 6 More than 2 complete bathrooms

NOTES

Section III – VACANT INTERVIEWS – Continued

5. What type of heating equipment does this house (apartment) have?

(MARK heating equipment to be used most)

SHOW FLASHCARD B

- (109)
- 1 Central warm-air furnace with ducts in individual rooms
 - 2 Heat pump
 - 3 Steam or hot water system
 - 4 Built-in electric units (permanently installed in wall, ceiling, or baseboard)
 - 5 Floor, wall, or pipeless furnace
 - 6 Room heater(s) WITH flue or vent burning gas, oil, or kerosene
 - 7 Room heater(s) WITHOUT flue or vent burning gas, oil, or kerosene
 - 8 Fireplaces, stoves, or portable room heaters
 - 9 Unit has no heating equipment

6a. Is this unit intended for year-round use, for occupancy only on a seasonal basis, or for use by migrant workers?

NOTES – Other seasonal use

- YEAR ROUND – Ask 6b
- (117)
- 10 Seasonal – summers only.
 - 11 Seasonal – winters only.
 - 12 Other seasonal – Specify in Notes
 - 9 Migratory
- } Skip to 7

OFFICE USE ONLY
x <input type="checkbox"/>

b. Is this house (apartment) for rent, for sale only, rented not occupied, sold not occupied, held for occasional use, or something else?

- (117)
- 1 For rent, OR for sale or for rent
 - 2 For sale only – regular ownership
 - 3 For sale only – condominium ownership
 - 4 For sale only – cooperative ownership – Ask 6c
 - 5 Rented, not occupied
 - 6 Sold, not occupied
 - 7 Held for occasional use
 - 8 Other vacant – Specify
- } Skip to 7

OFFICE USE ONLY
x <input type="checkbox"/>

– Enclose INTERCOMM describing the situation in detail.

c. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?

- Yes
- No – Reask 6b and correct the entry

7. How many months has this house (apartment) been vacant?

- (119)
- 1 Less than 1 month
 - 2 1 month up to 2 months
 - 3 2 months up to 6 months
 - 4 6 months up to 12 months
 - 5 1 year up to 2 years
 - 6 2 years or more

OBSERVATION
8a. Is the unit boarded up?

- (120)
- 1 Yes
 - 2 No

OBSERVATION
b. Are there any buildings (other than this building) with windows broken or boarded up on this street?

- (121)
- 1 Yes
 - 2 No

Section III – VACANT INTERVIEWS – Continued

9. Does this place have 10 acres or more?

- (122) 1 Yes, 10 acres or more
 2 No, less than 10 acres

**CHECK
ITEM A**

VACANCY STATUS (See item 6b, page 5)

- FOR RENT, OR FOR SALE OR FOR RENT** (6b, box 1)
 (See item 1a, page 4, and item 9 above) { One-unit structure on less than 10 acres – Skip to item 11
 One-unit structure on 10 acres or more – Skip to item 13, page 7
 Two-or-more unit structure or a mobile home or trailer – Skip to item 11
- FOR SALE ONLY** (6b, box 2, 3, or 4)
- REGULAR OWNERSHIP**
- (See items 1a, 1b, 1c on page 4, and item 9 above) { One-unit structure on less than 10 acres and there is no commercial establishment or medical or dental office on the property – Ask item 10
 All others – Skip to item 14, page 7
- A CONDOMINIUM** – Ask item 10
 A COOPERATIVE – Skip to item 14, page 7
- ALL OTHERS** (6b, box 5, 6, 7, 8, DK, NA, REF, or Blank)
 Other vacants, units rented or sold, units held for occasional use, seasonal, and similar units – Skip to item 13, page 7

10. What is the sale price asked for this property (condominium unit)?

SHOW FLASHCARD D

- (126) 1 Less than \$5,000
 2 \$ 5,000 – \$ 7,499
 3 7,500 – 9,999
 4 10,000 – 12,499
 5 12,500 – 14,999
 6 15,000 – 17,499
 7 17,500 – 19,999
 8 20,000 – 22,499
 9 22,500 – 24,999
 10 25,000 – 27,499
 11 27,500 – 29,999
 12 30,000 – 34,999
 13 35,000 – 39,999
 14 40,000 – 44,999
 15 45,000 – 49,999
 16 50,000 – 54,999
 17 55,000 – 59,999
 18 60,000 – 64,999
 19 65,000 – 69,999
 20 70,000 – 74,999
 21 75,000 – 79,999
 22 80,000 – 89,999
 23 90,000 – 99,999
 24 100,000 – 124,999
 25 125,000 – 149,999
 26 150,000 – 199,999
 27 200,000 – 249,999
 28 250,000 – 299,999
 29 300,000 or more

Skip to item 14, page 7

11. What is the MONTHLY rent?

(Mark the frequency of payment box and enter the MONTHLY rent. If rent is not to be paid by the month, compute the MONTHLY rent in the "Notes" space, and enter the MONTHLY rent on the line provided.)

(Include site rent for mobile homes if it is to be paid separately.)

(151) \$ _____ . Per month

- (152) 1 More frequently than once a month
 2 Less frequently than once a month
 3 Once a month

Notes

Section III – VACANT INTERVIEWS – Continued

12a. In addition to rent, does the renter also pay for electricity?	(156) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, electricity not used
b. In addition to rent, does the renter also pay for gas?	(158) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, gas not used
c. In addition to rent, does the renter also pay for water?	(160) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge
d. In addition to rent, does the renter also pay for oil, coal, kerosene, wood, OR any other fuel?	(162) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, these fuels not used or obtained free
e. In addition to rent, does the renter also pay for garbage (food waste) collection?	(164) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13. Is this house (apartment) part of a condominium?	(527) 1 <input type="checkbox"/> Yes, part of a condominium 2 <input type="checkbox"/> No
14. How many rooms in this house (apartment) do NOT have hot air ducts, registers, radiators, or room heaters? Do not count the kitchen or bathroom(s).	(803) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 room 3 <input type="checkbox"/> 2 rooms 4 <input type="checkbox"/> 3 or more rooms
15. Does each room in this house (apartment) have a working electric wall outlet (wall plug)?	(808) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
16. Is all the wiring in this house (apartment) concealed in the walls or in metal coverings? Do not count appliance cords, extension cords, or chandelier cords.	(809) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
17a. Is it necessary to go through any bedroom to get to any bathroom?	(810) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is it necessary to go through any bedroom to get to any other room?	(811) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18. Is there a basement in this house (building)? <i>(A basement is an enclosed space in which persons can walk upright under all or part of the building.)</i>	(841) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM B	<p>Part 1 (See item 1a, page 4) – Units in structure</p> <p><input type="checkbox"/> One-unit structure or a mobile home or trailer – Skip to 159, page 54</p> <p><input type="checkbox"/> Two or more unit structure – Go to part 2</p> <p>Part 2 (See item 6a–b, page 5) – Tenure</p> <p><input type="checkbox"/> For sale (box 2, 3 or 4 marked) – Skip to 156a, page 54</p> <p><input type="checkbox"/> All others (box 1 or 5 through 12) – Ask 19a</p>
19a. Does the owner of this building/Do you (if speaking to the owner) live on this property?	(631) 1 <input type="checkbox"/> Yes – Skip to 156a, page 54 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. Is there a resident manager, superintendent or janitor who lives on this property?	(632) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 156a, page 54

Section **IVA** - REGULAR (OR URE) INTERVIEWS

TRANSCRIBE

1. Line number of household respondent (See item 5e, page 1)

(090)

PGM 4
→
~

HOUSEHOLD CHARACTERISTICS - TRANSCRIBE FROM CONTROL CARD

2a. Line number (cc 10)	2b. Relationship to reference person (cc 11b) <i>Transcribe information for all persons listed in control card item 11a whose line number is not deleted. INCLUDE REFERENCE PERSON.</i>	2c. Household member (cc 11c) CIRCLE ONE		2d. Age (cc 14) ↓	2e. Marital status (For persons 14+) (cc 15) 1 - Married 2 - Widowed 3 - Divorced 4 - Separated 5 - Never married ENTER CODE IN UNSHADED AREA	2f. Race (cc 16) <i>Note - If using green cc convert the written entry using the following codes: 1 - White 2 - Negro 3 - Other</i> ENTER CODE IN UNSHADED AREA	2g. Sex (cc 17) CIRCLE ONE		
		OFFICE USE ONLY	Yes				No	Male	Female
			1	2				1	2
			1	2				1	2
			1	2				1	2
			1	2				1	2
			1	2				1	2
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			1	2				1	2
			1	2				1	2
			1	2				1	2
			1	2				1	2

Section **IXA** – REGULAR (OR URE) INTERVIEWS – Continued

TRANSCRIBE FROM CONTROL CARD

3. Highest grade completed by reference person (cc 19)

(091)

0 Never attended school

1 Kindergarten

8 Seventh

2 First

9 Eighth

3 Second

10 Ninth

4 Third

11 Tenth

5 Fourth

12 Eleventh

6 Fifth

13 Twelfth

7 Sixth

College (Academic years)

14 C1

17 C4

15 C2

18 C5

16 C3

19 C6 or more

4. Ethnic origin (cc 20)

(092)

1 Mexican-American

2 Chicano

3 Mexican

4 Mexicano

5 Puerto Rican

6 Cuban

7 Central or South American

8 Other Spanish – Specify ↓

9 Other – Specify _____

5. When reference person moved in (cc 21)

After April 1, 1970 ↓

(093)

Month (01-12)	Year

OR

(093)

1 1965 to April 1, 1970

2 1960 to 1964

3 1950 to 1959

4 1949 or earlier

(093)

OFFICE USE ONLY
x <input type="checkbox"/>

6. Use of telephone (cc 38a)

(095)

1 Yes

2 No

INTERVIEWER INSTRUCTION → Go to Section **XV**, page 56

Section IVB – REGULAR (OR URE) INTERVIEWS

<p>7a. Are your living quarters owned or being bought by you or by someone else in your household?</p>	<p><input checked="" type="checkbox"/> Yes Are they owned as a cooperative or condominium?</p> <p>(100) 1 <input type="checkbox"/> No, regular ownership – Skip to 8a 2 <input type="checkbox"/> Yes, a cooperative – Skip to 7c 3 <input type="checkbox"/> Yes, a condominium – Skip to 8a <input type="checkbox"/> No – Ask 7b</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">OFFICE USE ONLY</p> <p>(100) x <input type="checkbox"/></p>
<p>b. Are your living quarters rented for cash by you or by someone else or occupied without payment of cash rent?</p>	<p>(100) 4 <input type="checkbox"/> Rented for cash 5 <input type="checkbox"/> Occupied without payment of cash rent } Skip to 8a</p>
<p>c. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – Reask 7a and correct the entry</p>
<p>8a. How many living quarters, both occupied and vacant, are there in this house (building)?</p>	<p>(101) 1 <input type="checkbox"/> Mobile home or trailer (no permanent room attached) – Go to 8b 2 <input type="checkbox"/> One, detached from any other building (includes mobile home or trailer WITH one or more permanent rooms attached) 3 <input type="checkbox"/> One, attached to one or more buildings 4 <input type="checkbox"/> 2 5 <input type="checkbox"/> 3 or 4 6 <input type="checkbox"/> 5 to 9 7 <input type="checkbox"/> 10 to 19 8 <input type="checkbox"/> 20 to 49 9 <input type="checkbox"/> 50 or more</p> <p style="text-align: right;">} Skip to 8c } Skip to 9a</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">OFFICE USE ONLY</p> <p>(101) x <input type="checkbox"/></p>
<p>OBSERVATION b. How many mobile homes are in this group?</p>	<p>(102) 1 <input type="checkbox"/> 1–5 2 <input type="checkbox"/> 6–99 3 <input type="checkbox"/> 100 or more } Skip to 9a</p>
<p>OBSERVATION c. Is any part of this property used as a commercial establishment?</p>	<p>(103) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>OBSERVATION d. Is any part of this property used as a medical or dental office?</p>	<p>(104) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>9a. How many stories (floors) are in this house (building)? Do not count the basement. <i>(MARK mobile homes by observation.)</i></p>	<p>(105) 1 <input type="checkbox"/> 1 to 3 – Skip to 10 2 <input type="checkbox"/> 4 to 6 3 <input type="checkbox"/> 7 to 12 4 <input type="checkbox"/> 13 or more</p>
<p>b. Is there a passenger elevator in this building?</p>	<p>(106) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>10. Do you have complete plumbing facilities in this house (building); that is, hot and cold piped water, a flush toilet and a bathtub or shower, which are available for your use?</p>	<p>(107) 1 <input type="checkbox"/> Yes – For this household only 2 <input type="checkbox"/> Yes – Also used by another household 3 <input type="checkbox"/> No } Skip to 12</p>

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

<p>11. A complete bathroom is a room with a flush toilet, a bathtub or shower, and a washbasin with piped water. A half bathroom has at least a flush toilet or a bathtub or shower, but does not have all the facilities for a complete bathroom. How many complete bathrooms and half bathrooms do you have?</p>	<p align="center"><i>(Mark only one box)</i></p> <p>(108) 1 <input type="checkbox"/> Complete plumbing facilities but not in one room 2 <input type="checkbox"/> 1 complete bathroom 3 <input type="checkbox"/> 1 complete bathroom plus half bath with no flush toilet 4 <input type="checkbox"/> 1 complete bathroom plus half bath with flush toilet 5 <input type="checkbox"/> 2 complete bathrooms 6 <input type="checkbox"/> More than 2 complete bathrooms</p>				
<p>12. What type of heating equipment does your house (apartment) have? <i>(MARK heating equipment used most.)</i></p> <p align="center">SHOW FLASHCARD B</p>	<p>(109) 1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms 2 <input type="checkbox"/> Heat pump 3 <input type="checkbox"/> Steam or hot water system 4 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard) 5 <input type="checkbox"/> Floor, wall, or pipeless furnace 6 <input type="checkbox"/> Room heater(s) WITH flue or vent burning gas, oil, or kerosene 7 <input type="checkbox"/> Room heater(s) WITHOUT flue or vent burning gas, oil, or kerosene 8 <input type="checkbox"/> Fireplaces, stoves, or portable room heater(s) 9 <input type="checkbox"/> Unit has no heating equipment</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td align="center" colspan="2">OFFICE USE ONLY</td> </tr> <tr> <td style="padding: 2px;">(109)</td> <td style="padding: 2px;">x <input type="checkbox"/></td> </tr> </table>	OFFICE USE ONLY		(109)	x <input type="checkbox"/>
OFFICE USE ONLY					
(109)	x <input type="checkbox"/>				
<p>13a. Do you have air conditioning, either individual room units or a central system?</p>	<p>(110) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 14a</p>				
<p>b. Which do you have?</p>	<p>(111) 1 <input type="checkbox"/> Central – Skip to 14a 2 <input type="checkbox"/> Room units</p>				
<p>c. How many room units do you have?</p>	<p>(112) _____ Room units</p>				
<p>14a. Does this house (apartment) have open cracks or holes in the interior walls or ceiling? <i>(Do not include hairline cracks)</i></p>	<p>(113) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>				
<p>b. Does this house (apartment) have holes in the floors?</p>	<p>(114) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>				
<p>15a. Is there any area of broken plaster on the ceiling or inside walls which is larger than this piece of paper? (SHOW CLOSED INTERVIEWER FLASHCARD AND INFORMATION BOOKLET)</p>	<p>(115) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>				
<p>b. Is there any area of peeling paint on the ceiling or inside walls which is larger than this piece of paper? (SHOW CLOSED INTERVIEWER FLASHCARD AND INFORMATION BOOKLET)</p>	<p>(116) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>				
<p align="center"><i>OBSERVATION</i></p> <p>16. Are there any buildings with windows broken or boarded up on this street?</p>	<p>(121) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>				

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

17. Does this place have 10 acres or more?

- (122) 1 Yes
2 No

CHECK ITEM A

Part 1 (See item 6, page 1)

Rural

- Regular units OR Special Place units coded 85–88 (box 1 marked in item 6) – Go to part 2 below
 Special Place units not coded 85–88 (box 2 marked in item 6) – Skip to Check Item B

Urban

- All Regular and Special Place units (box 3 marked in item 6) – Skip to Check Item B

Part 2 (See item 17 above)

- On 10 acres or more – Ask 18a
 On less than 10 acres – Skip to 18b

18a. During the past 12 months, did sales of crops, livestock and other farm products from this place amount to \$50 or more?

- (123) 1 Yes – Skip to 18c
2 No – Skip to Check Item B

b. During the past 12 months, did sales of crops, livestock and other farm products from this place amount to \$250 or more?

- (124) 1 Yes
2 No – Skip to Check Item B

c. During the past 12 months, did sales of crops, livestock and other farm products from this place amount to \$1,000 or more?

- (125) 1 Yes
2 No

CHECK ITEM B

TENURE (See items 7a and 7b, page 10)

- 1 OWNED AS A COOPERATIVE – Skip to Check Item F, page 16
2 OWNED AS A CONDOMINIUM – Ask 19, page 13
 OWNED OR BEING BOUGHT (Regular ownership)

If this is a –

- (See item 8a, page 10) { 3 Mobile home or trailer (no permanent room attached) on less than 10 acres (“No” marked in item 17) – Skip to item 20, page 13
4 One-unit structure on less than 10 acres (“No” marked in item 17) and there is no commercial establishment or medical or dental office on the property (“No” in items 8c and 8d) – Ask 19, page 13
5 Other owned units – Skip to Check Item F, page 16

RENTED FOR CASH

If this is a –

- (See item 8a, page 10) { 6 One-unit structure on less than 10 acres (“No” marked in item 17) – Skip to item 26, page 14
7 One-unit structure on 10 acres or more (“Yes” marked in item 17) – Skip to Check Item F, page 16
8 Two-or-more unit structure or mobile home or trailer – Skip to item 26, page 14

OCCUPIED WITHOUT PAYMENT OF CASH RENT

If this is a –

- (See item 8a, page 10) { 9 One-unit structure on less than 10 acres (“No” marked in item 17) – Skip to item 28, page 15
10 One-unit structure on 10 acres or more (“Yes” marked in item 17) – Skip to Check Item F, page 16
11 Two-or-more unit structure, or a mobile home or trailer – Skip to Check Item D, page 15

Section IYB – REGULAR (OR URE) INTERVIEWS – Continued

19. How much do you think this property, that is, house and lot, (condominium unit), would sell for on today's market?
SHOW FLASHCARD D

- (126)
- 1 Less than \$5,000
 - 2 \$ 5,000 – \$ 7,499
 - 3 7,500 – 9,999
 - 4 10,000 – 12,499
 - 5 12,500 – 14,999
 - 6 15,000 – 17,499
 - 7 17,500 – 19,999
 - 8 20,000 – 22,499
 - 9 22,500 – 24,999
 - 10 25,000 – 27,499
 - 11 27,500 – 29,999
 - 12 30,000 – 34,999
 - 13 35,000 – 39,999
 - 14 40,000 – 44,999
 - 15 45,000 – 49,999
 - 16 50,000 – 54,999
 - 17 55,000 – 59,999
 - 18 60,000 – 64,999
 - 19 65,000 – 69,999
 - 20 70,000 – 74,999
 - 21 75,000 – 79,999
 - 22 80,000 – 89,999
 - 23 90,000 – 99,999
 - 24 100,000 – 124,999
 - 25 125,000 – 149,999
 - 26 150,000 – 199,999
 - 27 200,000 – 249,999
 - 28 250,000 – 299,999
 - 29 300,000 or more

CHECK ITEM C (See Check Item B, page 12)
 OWNED AS A CONDOMINIUM (Box 2 marked) – Skip to Check Item F, page 16
 All others – Skip to item 23

20. Do you own this mobile home (trailer) SITE or is it rented? (127)

- 1 Owned
- 2 Rented for cash or occupied without payment of cash rent

21a. In what year did you acquire this mobile home (trailer)? (128)

1 9

b. Was the mobile home (trailer) NEW when you acquired it? (129)

- 1 Yes
- 2 No

c. When you acquired this mobile home (trailer), what was the purchase price? Do not include the price of the site or closing costs. (130)

\$ _____ . Purchase price
 0 Not purchased

22. Do you have an installment loan or contract on this mobile home (trailer) or do you own it free and clear? (131)

- 1 Installment loan or contract – Skip to 24a, page 14
- 2 Owned free and clear – Skip to 25a, page 14

23. Do you have a mortgage, deed of trust, or land contract on this property, that is house and lot, or do you own it free and clear? (131)

- 1 Mortgage, deed of trust, or land contract
- 2 Owned free and clear – Skip to 25a, page 14

NOTES

Section IYB – REGULAR (OR URE) INTERVIEWS – Continued

<p>24a. In regard to the mortgage (loan), what are the required payments to the lender? If more than one mortgage (loan) on this property (mobile home or trailer), give the total amount of the payments. <i>(If there are separate loans on the mobile home and its site, combine amounts.)</i></p>	<p>(133) \$ _____ . 00</p> <p align="center">PER</p> <p>(134) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year <input type="checkbox"/> Other – Specify _____</p>
<p>b. In regard to the mortgage (loan), do the required payments include – (1) Real estate taxes on this property? (2) Fire and hazard insurance?</p>	<p>(135) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(136) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>NOTE – Ask 25a for all categories before asking 25b.</p>	<p>NOTE – Ask 25b only for those categories in 25a which were answered "Yes."</p>
<p>25a. (1) Do you pay for electricity?</p>	<p>(137) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) Do you pay for gas?</p>	<p>(139) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(3) Do you pay for oil, coal, kerosene, wood, OR any other fuel?</p>	<p>(141) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, these fuels not used or obtained free</p>
<p>(4) Do you pay for fire and hazard insurance? (Also include if part of mortgage payments.)</p>	<p>(143) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(5) Do you pay for real estate taxes? (Also include if part of mortgage payments.)</p>	<p>(145) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(6) Do you pay for water supply and/or sewage disposal separately from real estate taxes?</p>	<p>(147) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or payment included in real estate taxes</p>
<p>25c. Do you pay for garbage (food waste) collection separately from real estate taxes?</p>	<p>(149) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, or payment included in real estate taxes – Skip to Check Item F, page 16</p>
<p>d. What is the YEARLY cost for garbage (food waste) collection?</p>	<p>(150) \$ _____ . 00 Skip to Check Item F, page 16</p>
<p>26. What is the MONTHLY rent? <i>(Mark the frequency of payment box and enter the MONTHLY rent. If rent is not paid by the month, compute the MONTHLY rent in "Notes" space and enter the monthly rent on the line provided.)</i> <i>(Do not include site rent for mobile homes if it is paid separately.)</i></p>	<p>(151) \$ _____ . 00</p> <p>(152) 1 <input type="checkbox"/> More frequently than once a month 2 <input type="checkbox"/> Less frequently than once a month 3 <input type="checkbox"/> Once a month</p> <p>NOTES</p>

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

**CHECK
ITEM D**

(See item 8a, page 10)

- Mobile home or trailer (no permanent room attached) – Ask 27
- All others – Skip to 28

27. Do you own the mobile home site or is it rented?

- (153) 1 Owned
2 Rented for cash or occupied without payment of cash rent

28. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other local public agency?

- (154) 1 Yes – Skip to 30a
2 No

29. Are you paying a lower rent because the Federal, state or local government is paying part of the cost?

- (155) 1 Yes
2 No

NOTE – Ask 30a for all categories before asking 30b. Exclude phrase “In addition to rent” for sample units OCCUPIED WITHOUT PAYMENT OF CASH RENT.

NOTE – Ask 30b only for those categories in 30a which were answered “Yes.”

30a. (1) In addition to rent, do you pay for electricity?

- (156) 1 Yes
2 No, included in rent or supplied free
3 No, electricity not used

30b. (1) In the past 12 months, what was the average MONTHLY cost for electricity?

(157) \$ _____ . 00

(2) In addition to rent, do you pay for gas?

- (158) 1 Yes
2 No, included in rent or supplied free
3 No, gas not used

(2) In the past 12 months, what was the average MONTHLY cost for gas?

(159) \$ _____ . 00

(3) In addition to rent, do you pay for water?

- (160) 1 Yes
2 No, included in rent or no charge

(3) What is the YEARLY cost for water?

(161) \$ _____ . 00

(4) In addition to rent, do you pay for oil, coal, kerosene, wood, OR any other fuel?

- (162) 1 Yes
2 No, included in rent
3 No, these fuels not used or obtained free

(4) What is the YEARLY cost for oil, coal, kerosene, wood, and any other fuel?

(163) \$ _____ . 00

(5) In addition to rent, do you pay for garbage (food waste) collection?

- (164) 1 Yes
2 No

(5) What is the YEARLY cost for garbage (food waste) collection?

(165) \$ _____ . 00

NOTES

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

CHECK ITEM E

(See Check Item B, page 12)

- Rented for cash (box 6, 7, or 8 marked) – Ask 31
- Occupied without payment of cash rent (box 9, 10, or 11 marked) – Skip to Check Item F

31. Do you rent this apartment (house) furnished or unfurnished?

- (166) 1 Furnished
2 Unfurnished

CHECK ITEM F

(See item 8, page 1)

- URE interview – Ask 32
- Regular Interview – Skip to item 33

32. Is this UNIT intended for year-round use, for occupancy only on a seasonal basis, or for use by migrant workers?

- (167) 8 YEAR ROUND (occupied temporarily at time of interview)
10 Seasonal – summers only
11 Seasonal – winters only
12 Other seasonal – Specify _____
9 Migratory

Skip to Check Item H, page 21

33. In the past 12 months, how much did . . . earn in wages, salaries, tips, and commissions before taxes and deductions?

(Obtain income for reference person and all household members 15+ RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

(If more than six persons, enter in the "Notes" beginning with the sixth person and then combine the amounts for all these persons on the last "Amount" line. Leave the Line No. blank.)

Line No. Amount (Dollars only)

(168)	<input type="text"/>	(169)	\$ _____ . <input type="text"/>
(170)	<input type="text"/>	(171)	\$ _____ . <input type="text"/>
(172)	<input type="text"/>	(173)	\$ _____ . <input type="text"/>
(174)	<input type="text"/>	(175)	\$ _____ . <input type="text"/>
(176)	<input type="text"/>	(177)	\$ _____ . <input type="text"/>
(178)	<input type="text"/>	(179)	\$ _____ . <input type="text"/>

Notes

34a. In the past 12 months, how much did this family (you) earn in net income from its (your) own business, professional practice or partnership?

(Exclude income previously reported in item 33. Probe if identical amounts are reported. Indicate that identical amounts are correct by marking this box)

- (180) \$ _____ .
- (181) 1 None
2 Lost money (Enter amount LOST on line above)

b. In the past 12 months, how much did this family (you) earn in net income from farming or ranching?

(Exclude income previously reported in items 33 and 34a. Probe if identical amounts are reported. Indicate that identical amounts are correct by marking this box)

- (182) \$ _____ .
- (183) 1 None
2 Lost money (Enter amount LOST on line above)

Section IVB – REGULAR INTERVIEWS – Continued

NOTE – Ask 35a for all categories before asking 35b.

NOTE – Ask 35b only for those categories in 35a which were answered "Yes"

(Obtain income for reference person and all household members 15+ RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

35a. In the past 12 months, did any member of this family (you) receive any money from –

35b. How much was received from (source of income) in the past 12 months?

(1) Social Security or Railroad Retirement payments? (184) 1 Yes 2 No

(185) \$ _____ . 00

(2) Estates, trusts, or dividends? (186) 1 Yes 2 No

(187) \$ _____ . 00

(3) Interest on savings accounts, bonds, money market funds or other interest bearing accounts? (188) 1 Yes 2 No

(189) \$ _____ . 00

(4) Net rental income? (190) 1 Yes 2 No

(191) \$ _____ . 00

(5) Welfare payments or other public assistance such as SSI? (192) 1 Yes 2 No

(193) \$ _____ . 00

(6) Unemployment compensation? (194) 1 Yes 2 No

(195) \$ _____ . 00

(7) Worker's compensation? (196) 1 Yes 2 No

(197) \$ _____ . 00

(8) Government employee pensions? (198) 1 Yes 2 No

(199) \$ _____ . 00

(9) Veterans payments? (200) 1 Yes 2 No

(201) \$ _____ . 00

(10) Private pensions or annuities or payments from IRA or Keogh accounts? (202) 1 Yes 2 No

(203) \$ _____ . 00

(11) Alimony or child support? (204) 1 Yes 2 No

(205) \$ _____ . 00

(12) Regular contributions from persons not living in this household? (206) 1 Yes 2 No

(207) \$ _____ . 00

(13) Anything else? (208) 1 Yes 2 No

(209) \$ _____ . 00

NOTE – Exclude income previously reported. Probe if an amount in item 35b is identical to an amount in item 33 or 34. Indicate that identical amounts are correct by marking this box .

CHECK ITEM G

(See Control Card items 11b, 11c, and 14)

- Household contains household members 15+ NOT RELATED TO THE REFERENCE PERSON by blood, marriage, or adoption – Ask 36, page 18
- All others – Skip to Section V, page 21

Section IVB – REGULAR INTERVIEWS – Continued

36. In the past 12 months, how much did . . . earn in wages, salaries, tips, and commissions before taxes and deductions? _____

(Obtain income for household members 15+ NOT RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

37a. In the past 12 months, how much did . . . earn in net income from his (her) own business, professional practice, or partnership? _____

(Exclude income previously reported in item 36. Probe if identical amounts are reported for an individual. Indicate that identical amounts are correct by marking this box .)

b. In the past 12 months, how much did . . . earn in net income from farming or ranching? _____

(Exclude income previously reported in items 36 and 37a. Probe if identical amounts are reported for an individual. Indicate that identical amounts are correct by marking this box .)

NOTE – Ask 38b for each “Yes” response in 38a. Ask 38a (and 38b as appropriate) for all categories before asking 38c.

38a. In the past 12 months, did . . . (Names of ALL household members 15+ NOT RELATED TO REFERENCE PERSON by blood, marriage, or adoption) receive any money from –			38b. Who received this type of income? (Enter line numbers)
(1) Social Security or Railroad retirement payments?	(210)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(2) Estates, trusts, or dividends?	(211)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(3) Interest on savings accounts, bonds, money market funds or other interest bearing accounts?	(212)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(4) Net rental income?	(213)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(5) Welfare payments or other public assistance such as SSI?	(214)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(6) Unemployment compensation?	(215)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(7) Worker’s compensation?	(216)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(8) Government employee pensions?	(217)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(9) Veterans payments?	(218)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(10) Private pensions or annuities or payments from IRA or Keogh accounts?	(219)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(11) Alimony or child support?	(220)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(12) Regular contributions from persons not living in this household?	(221)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(13) Anything else?	(222)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____

NOTES

Section IVB - REGULAR INTERVIEWS - Continued

(223) <input type="text"/> <input type="text"/> Line No.	(242) <input type="text"/> <input type="text"/> Line No.	(261) <input type="text"/> <input type="text"/> Line No.	(280) <input type="text"/> <input type="text"/> Line No.
36. (224) \$ _____ . 00	36. (243) \$ _____ . 00	36. (262) \$ _____ . 00	36. (281) \$ _____ . 00
37a. (225) \$ _____ . 00 (226) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	37a. (244) \$ _____ . 00 (245) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	37a. (263) \$ _____ . 00 (264) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	37a. (282) \$ _____ . 00 (283) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)
b. (227) \$ _____ . 00 (228) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	b. (246) \$ _____ . 00 (247) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	b. (265) \$ _____ . 00 (266) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	b. (284) \$ _____ . 00 (285) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)
38c. How much did . . . receive from (Source of income) in the past 12 months?	38c. How much did . . . receive from (Source of income) in the past 12 months?	38c. How much did . . . receive from (Source of income) in the past 12 months?	38c. How much did . . . receive from (Source of income) in the past 12 months?
(1) (229) \$ _____ . 00	(1) (248) \$ _____ . 00	(1) (267) \$ _____ . 00	(1) (286) \$ _____ . 00
(2) (230) \$ _____ . 00	(2) (249) \$ _____ . 00	(2) (268) \$ _____ . 00	(2) (287) \$ _____ . 00
(3) (231) \$ _____ . 00	(3) (250) \$ _____ . 00	(3) (269) \$ _____ . 00	(3) (288) \$ _____ . 00
(4) (232) \$ _____ . 00	(4) (251) \$ _____ . 00	(4) (270) \$ _____ . 00	(4) (289) \$ _____ . 00
(5) (233) \$ _____ . 00	(5) (252) \$ _____ . 00	(5) (271) \$ _____ . 00	(5) (290) \$ _____ . 00
(6) (234) \$ _____ . 00	(6) (253) \$ _____ . 00	(6) (272) \$ _____ . 00	(6) (291) \$ _____ . 00
(7) (235) \$ _____ . 00	(7) (254) \$ _____ . 00	(7) (273) \$ _____ . 00	(7) (292) \$ _____ . 00
(8) (236) \$ _____ . 00	(8) (255) \$ _____ . 00	(8) (274) \$ _____ . 00	(8) (293) \$ _____ . 00
(9) (237) \$ _____ . 00	(9) (256) \$ _____ . 00	(9) (275) \$ _____ . 00	(9) (294) \$ _____ . 00
(10) (238) \$ _____ . 00	(10) (257) \$ _____ . 00	(10) (276) \$ _____ . 00	(10) (295) \$ _____ . 00
(11) (239) \$ _____ . 00	(11) (258) \$ _____ . 00	(11) (277) \$ _____ . 00	(11) (296) \$ _____ . 00
(12) (240) \$ _____ . 00	(12) (259) \$ _____ . 00	(12) (278) \$ _____ . 00	(12) (297) \$ _____ . 00
(13) (241) \$ _____ . 00	(13) (260) \$ _____ . 00	(13) (279) \$ _____ . 00	(13) (298) \$ _____ . 00

NOTE - Exclude income previously reported. Probe if an amount in item 38c is identical to an amount in item 36, 37a, or 37b. Indicate that identical amounts are correct by marking this box .

NOTES

NOTES

Section V - MAINTENANCE AND MORTGAGE SUPPLEMENT

CHECK ITEM H

(See Check Item B, page 12)

- Owned or being bought - One-unit structure on less than 10 acres and there is no commercial establishment or medical or dental office on the property (box 4 marked) - Ask item 39a
- All others - Skip to item 39e

39a. (1) During the past 12 months were any additions made to your property such as a room, basement, porch, or garage?

- (301) 1 Yes
2 No - Skip to b(1)

(2) Did any one job cost \$250 or more?

- (302) 1 Yes
2 No

b. (1) During the past 12 months have any alterations been made to your property such as remodeling the kitchen or a bathroom, installing walks, driveways, fences, storm windows or doors, or planting trees or shrubbery?

- (303) 1 Yes
2 No - Skip to c(1)

(2) Did any one job cost \$250 or more?

- (304) 1 Yes
2 No

c. (1) During the past 12 months have you had any replacement jobs on your property such as resurfacing the roof or outer walls, replacing gutters or downspouts, or replacing or installing fixed heating, electrical, or plumbing equipment? (Do not include appliances such as clothes washers, refrigerators, window air conditioners, etc.)

- (305) 1 Yes
2 No - Skip to d(1)

(2) Did any one job cost \$250 or more?

- (306) 1 Yes
2 No

d. (1) During the past 12 months have you made any repairs on your property such as painting or papering a room, or patching a driveway or broken fence?

- (312) 1 Yes
2 No - Skip to 39e

(2) Did any one job cost \$250 or more?

- (313) 1 Yes
2 No

e. What is the name of the company which supplies electricity to this house (building)?

Name of company

- (314) 1 Generate own electricity
2 No electricity used
3 Don't know

OFFICE USE ONLY

(314)

Empty box for office use only

Section V – MAINTENANCE AND MORTGAGE SUPPLEMENT – Continued

CHECK ITEM I	<p>Part (1) (See <i>Check Item B</i>, page 12)</p> <p><input type="checkbox"/> Box 1 or 2 marked – Ask 40a</p> <p><input type="checkbox"/> Box 3 or 4 marked – Go to <i>Part (2)</i></p> <p><input type="checkbox"/> Box 5 marked – Go to <i>Part (3)</i></p> <p><input type="checkbox"/> Box 6, 7, 8, 9, 10, or 11 marked – Skip to <i>Check Item J</i></p> <p>Part (2) (See <i>items 22 and 23</i>, page 13)</p> <p><input type="checkbox"/> Installment loan or contract, mortgage, deed of trust, or land contract – Skip to 40d</p> <p><input type="checkbox"/> Owned free and clear – Skip to <i>Check Item J</i></p> <p><input type="checkbox"/> "DK," "NA," "REF," or Blank in <i>items 22 and 23</i> – Skip to <i>Check Item J</i></p> <p>Part (3) (See <i>item 8a</i>, page 10)</p> <p><input type="checkbox"/> Box 1 marked – Skip to 40b</p> <p><input type="checkbox"/> All others – Skip to 40c</p>
40a. Is there a mortgage or loan on this condominium (cooperative) or is it owned free and clear?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border-right: 1px dashed black; padding-right: 10px;"> <p align="center">(307)</p> </div> <div style="padding-left: 10px;"> <p>1 <input type="checkbox"/> Mortgage or loan – Skip to 40d</p> <p>2 <input type="checkbox"/> Owned free and clear – Skip to <i>Check Item J</i></p> </div> </div>
b. Do you have an installment loan or contract on this mobile home (trailer) or do you own it free and clear?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border-right: 1px dashed black; padding-right: 10px;"> <p align="center">(307)</p> </div> <div style="padding-left: 10px;"> <p>1 <input type="checkbox"/> Installment loan or contract – Skip to 40d</p> <p>2 <input type="checkbox"/> Owned free and clear – Skip to <i>Check Item J</i></p> </div> </div>
c. Do you have a mortgage or loan on this house (apartment) or do you own it free and clear?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border-right: 1px dashed black; padding-right: 10px;"> <p align="center">(307)</p> </div> <div style="padding-left: 10px;"> <p>1 <input type="checkbox"/> Mortgage or loan</p> <p>2 <input type="checkbox"/> Owned free and clear – Skip to <i>Check Item J</i></p> </div> </div>
d. What kind of mortgage (loan) do you have? SHOW FLASHCARD E	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border-right: 1px dashed black; padding-right: 10px;"> <p align="center">(308)</p> </div> <div style="padding-left: 10px;"> <p>1 <input type="checkbox"/> Federal Housing Administration</p> <p>2 <input type="checkbox"/> Veterans Administration</p> <p>3 <input type="checkbox"/> Farmers Home Administration</p> <p>4 <input type="checkbox"/> Other mortgage</p> </div> </div>
CHECK ITEM J	<p><i>Mark all three parts (see cc 21 and item 5d, page 1)</i></p> <p>Part (1) Reference person lived here last 90 days.</p> <p>Part (2) Reference person moved into this house or apartment before February 1983.</p> <p>Part (3) Reference person MOVED here since a year ago today (month and day in item 5d, page 1). . .</p>
	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border-right: 1px dashed black; padding-right: 10px;"> <p align="center">(309)</p> </div> <div style="padding-left: 10px;"> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border-right: 1px dashed black; padding-right: 10px;"> <p align="center">(310)</p> </div> <div style="padding-left: 10px;"> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border-right: 1px dashed black; padding-right: 10px;"> <p align="center">(311)</p> </div> <div style="padding-left: 10px;"> <p>1 <input type="checkbox"/> Yes – Go to <i>Check Item K</i></p> <p>2 <input type="checkbox"/> No – Skip to <i>Check Item S</i>, page 30</p> </div> </div>
CHECK ITEM K	<p>Part (1) (See <i>item 8</i>, page 1)</p> <p><input type="checkbox"/> URE Interview – Go to <i>Check Item T</i>, page 31</p> <p><input type="checkbox"/> Regular Interview – Go to <i>Part 2</i> below</p> <p>Part (2) (See <i>items 7a and 7b</i>, page 10)</p> <p><input type="checkbox"/> Regular ownership (box 1 marked) – Go to <i>Part 3</i> below</p> <p><input type="checkbox"/> Owned as a cooperative (box 2 marked) – Skip to <i>Check Item L</i>, page 23</p> <p><input type="checkbox"/> Owned as a condominium (box 3 marked) – Go to <i>Part 3</i> below</p> <p><input type="checkbox"/> Rented for cash or occupied without payment of cash rent (box 4 or 5 marked) – Skip to 44, page 23</p> <p>Part (3) (See <i>item 8a</i>, page 10)</p> <p><input type="checkbox"/> Mobile home or trailer (no permanent room attached) – Skip to <i>Check Item L</i>, page 23</p> <p><input type="checkbox"/> All others – Ask 41a, page 23</p>
NOTES	

Section VI – RECENT MOVERS SUPPLEMENT

<p>41a. Was this property (condominium unit) purchased in the past 12 months?</p>	<p>(401) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to Check Item L</p>
<p>b. When this house and lot (condominium unit) was acquired, what was the purchase price? Do not include closing costs.</p>	<p>(402) \$ _____ 00</p>
<p>c. What was the MAJOR source of the down payment used for the purchase or construction of this property (condominium unit)?</p>	<p>(403) 1 <input type="checkbox"/> Sale of previous home (only if sold during 12-month period preceding acquisition of present home) 2 <input type="checkbox"/> Sale of other real property or other investment (including stock) 3 <input type="checkbox"/> Savings (cash, bank deposits, share accounts, or bonds) 4 <input type="checkbox"/> Borrowing other than a mortgage on this property 5 <input type="checkbox"/> Gift 6 <input type="checkbox"/> Land on which structure was built 7 <input type="checkbox"/> Other – Specify _____ 8 <input type="checkbox"/> No down payment required</p>

CHECK ITEM L	<p>(See item 40d, page 22)</p> <p><input type="checkbox"/> Kind of mortgage specified (box 1, 2, 3 or 4 marked OR “NA,” “DK” or “REF” entered) – Ask 42a</p> <p><input type="checkbox"/> Item 40d blank – Skip to 43a</p>
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<p>42a. Earlier you told me that this property (mobile home) is mortgaged. When you acquired this property did you originate (place) a new mortgage or assume an existing mortgage?</p>	<p>(404) 1 <input type="checkbox"/> Originated mortgage 2 <input type="checkbox"/> Assumed mortgage – Skip to 43a</p>
<p>b. At the time you acquired this property (mobile home), what was the amount of the mortgage? Do not include second trusts, or any other loan associated with the property.</p>	<p>(405) \$ _____ 00</p>

<p>43a. Is this the first home . . . (Reference person) has ever owned as his (her) usual residence?</p>	<p>(406) 1 <input type="checkbox"/> Yes – Skip to 44 2 <input type="checkbox"/> No – Ask 43b</p>
<p>b. Including this home, how many homes has . . . (Reference person) owned altogether? Do not include vacation homes, or homes purchased for commercial or rental purposes.</p>	<p>(407) 1 <input type="checkbox"/> Two 2 <input type="checkbox"/> Three or more</p>

<p>44. Was . . . (Reference person) the first occupant(s) of this house (apartment) or did someone else live here before . . . (Reference person)?</p>	<p>(408) 1 <input type="checkbox"/> First occupants 2 <input type="checkbox"/> Previously occupied</p>
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<p>45. The following questions are about the place where . . . (Reference person) lived before moving here. What was the address of . . . 's (Reference person) previous residence?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Number</td> <td style="width:33%; border-bottom: 1px solid black;">Street</td> <td style="width:33%; border-bottom: 1px solid black;">Apartment</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">City, town, or place</td> </tr> <tr> <td style="border-bottom: 1px solid black;">County</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">ZIP Code</td> </tr> </table> <p align="center">OR</p> <p>(409) 0 <input type="checkbox"/> Outside the United States – Skip to 67, page 29</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th align="center" colspan="5">OFFICE USE ONLY</th> </tr> <tr> <td style="width:20%; height: 20px;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> </tr> </table>	Number	Street	Apartment	City, town, or place			County	State	ZIP Code	OFFICE USE ONLY									
Number	Street	Apartment																		
City, town, or place																				
County	State	ZIP Code																		
OFFICE USE ONLY																				

<p>46. Did . . . (Reference person) live inside the incorporated limits of (Name of place in item 45)?</p>	<p>(460) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, lived outside incorporated limits or place not incorporated</p>
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Section VI – RECENT MOVERS SUPPLEMENT – Continued

47. Please look at this card.

SHOW FLASHCARD F

What are the reasons . . . (Reference person) moved FROM that residence?

(Mark all answers given)

EMPLOYMENT

- (410) * 1 Job transfer
- 2 To look for work
- 3 To take a new job
- 4 Entered or left U.S. Armed Forces
- 5 Retirement
- (411) * 6 Commuting reasons
- 7 To attend school
- 8 Other employment reasons – Specify ↙

FAMILY

- (412) * 09 Needed larger house or apartment
- 10 Divorced or separated
- 11 Widowed
- (413) * 12 To be closer to relatives
- 13 Newly married
- 14 Family increased
- (414) * 15 Family decreased
- 16 To establish own household
- 17 Other family reasons – Specify ↙

OTHER

- (415) * 18 Neighborhood overcrowded
- 19 Change in racial or ethnic composition of neighborhood
- 20 Crime
- (416) * 21 Wanted neighborhood with children
- 22 Wanted neighborhood without children
- 23 Wanted better neighborhood
- (417) * 24 Wanted more expensive place or better investment
- 25 Wanted to own residence
- 26 Wanted better house
- (418) * 27 Wanted to rent residence
- 28 Wanted residence with more conveniences
- 29 Lower rent or less expensive house
- (419) * 30 Wanted change of climate
- 31 Displaced by urban renewal, highway construction, or other public activity
- 32 Displaced by private action
- (420) * 33 Schools
- 34 Natural disaster
- 35 Other – Specify ↙

INTERVIEWER INSTRUCTION



Two or more boxes marked in item 47 – Ask 48
 If only ONE box is marked in item 47 – Transcribe code to item 48 and fill Check Item M, page 25

48. Of the reasons you just mentioned, what was the MAIN reason . . . (Reference person) moved from that residence?

- (421) Box number of MAIN reason

Section VI – RECENT MOVERS SUPPLEMENT – Continued

**CHECK
ITEM M**

(See item 48, page 24)

- If "29" entered in item 48– Ask 49a
- If "32" entered in item 48 – Skip to 49b
- All others – Skip to 50a, page 26

49a. Did you want or need lower rent or a less expensive house because . . .'s (Reference person) income was reduced, . . .'s (Reference person) housing costs greatly increased, or some other reason?

(Mark all answers given)

422
*

- 1 Income reduced
- 2 Housing costs greatly increased
- 3 Other – Specify ↙

} Skip to 50a, page 26

b. Were you displaced because –

(Read answer categories and mark all answers given)

SHOW FLASHCARD G

423
*

- 1 The owner was converting the building to a condominium?
- 2 The owner closed the building for rehabilitation?
- 3 The owner closed the building but gave no reason?
- 4 The owner sold the building?
- 5 The rents were raised?
- 6 The building was converted to nonresidential use?

424
*

- 7 The owner wanted unit for own use or use of his/her family?
- 8 Other reason? – Specify ↙

NOTES

Section VI – RECENT MOVERS SUPPLEMENT – Continued

50a. Please look at this card.

SHOW FLASHCARD H

What are the reasons . . . (Reference person) moved **TO** this particular neighborhood?

(Mark all answers given then ask 50b)

b. What are the reasons . . . (Reference person) moved **TO** this particular residence?

(Mark all additional answers given)

EMPLOYMENT

- 425 * 1 Job transfer
- 2 To look for work
- 3 To take a new job
- 4 Entered U.S. Armed Forces
- 5 Retirement
- 6 Commuting reasons
- 7 To attend school
- 8 Other employment reasons – Specify ↓

FAMILY

- 427 * 9 Needed larger house or apartment
- 10 To be closer to relatives
- 11 Other family reasons – Specify ↓

OTHER

- 428 * 12 Neighborhood less crowded
- 13 Racial or ethnic composition of neighborhood
- 14 Low crime rate
- 429 * 15 Wanted neighborhood with children
- 16 Wanted neighborhood without children
- 17 Wanted better neighborhood
- 430 * 18 Wanted more expensive place or better investment
- 19 Residence with more conveniences
- 20 Lower rent or less expensive house
- 431 * 21 Change of climate
- 22 Schools
- 23 Other – Specify ↓

INTERVIEWER INSTRUCTIONS



Two or more boxes marked in item 50 – Ask 51
If only ONE box is marked in item 50 – Transcribe code to item 51 and ask 52a

51. Of all the reasons you just mentioned, what is the **MAIN** reason . . . (Reference person) moved to this particular residence or neighborhood?

432

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Box number of MAIN reason

52a. Was . . . (Reference person) the person or one of the persons who owned or rented the previous residence at the time he (she) moved?

433

- Yes
 - 1 Respondent is the reference person – Skip to 53, page 27
 - 2 Respondent is not the reference person – Ask 52b
- No
 - 3 Respondent is the reference person – Skip to 53, page 27
 - 4 Respondent is not the reference person – Ask 52b

b. Were you also a member of . . . 's (Reference person) household in the previous residence?

434

- 1 Yes
- 2 No

Section VI – RECENT MOVERS SUPPLEMENT – Continued

53. How many rooms were in THAT residence? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.	(435) _____ Number
54. How many bedrooms were in THAT residence? Count rooms used mainly for sleeping, even if used for other purposes.	(436) _____ Number
55. How many persons were living THERE at the time . . . (Reference person) moved?	(437) _____ Number
56. Were there complete plumbing facilities in that building; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?	<input type="checkbox"/> Yes Were these facilities used by that household only? 1 <input type="checkbox"/> Yes – Used by that household only 2 <input type="checkbox"/> No – Also used by another household 3 <input type="checkbox"/> No
57. How many living quarters, both occupied and vacant, were in that building?	(439) 1 <input type="checkbox"/> Mobile home or trailer (no permanent room attached) 2 <input type="checkbox"/> One, detached from any other building (Includes mobile home or trailer WITH one or more permanent rooms attached) 3 <input type="checkbox"/> One, attached to one or more buildings 4 <input type="checkbox"/> 2 5 <input type="checkbox"/> 3 or 4 6 <input type="checkbox"/> 5 to 9 7 <input type="checkbox"/> 10 to 19 8 <input type="checkbox"/> 20 to 49 9 <input type="checkbox"/> 50 or more
CHECK ITEM N	(See item 52a, page 26) <input type="checkbox"/> "No" (box 3 or 4) marked – Skip to item 67, page 29 <input type="checkbox"/> All others (box 1 or 2 marked or "NA," "DK," or "Ref." entered) – Ask 58a
58a. Was that residence owned or being bought by someone in the household?	<input type="checkbox"/> Yes Was it owned as a cooperative or condominium? 1 <input type="checkbox"/> No – Skip to Check Item O, page 28 2 <input type="checkbox"/> Yes, a cooperative – Skip to 58c 3 <input type="checkbox"/> Yes, a condominium – Skip to 60, page 28 <input type="checkbox"/> No – Ask 58b
b. Was it rented for cash rent or occupied without payment of cash rent?	(440) 4 <input type="checkbox"/> Rented for cash 5 <input type="checkbox"/> Occupied without payment of cash rent <div style="float: right; font-size: 2em; margin-left: 10px;">} Skip to Check Item O, page 28</div>
c. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say that it was a cooperative?	<input type="checkbox"/> Yes – Skip to 67, page 29 <input type="checkbox"/> No – Reask 58a and correct the entry

NOTES

Section VI – RECENT MOVERS SUPPLEMENT – Continued

CHECK ITEM O	<p>TENURE OF PREVIOUS RESIDENCE (See item 58, page 27)</p> <p>REGULAR OWNERSHIP (Box 1 marked in 58a)</p> <p>(See item 57, page 27) { <input type="checkbox"/> One-unit structure – Ask 59a <input type="checkbox"/> Two-or-more unit structure, or a mobile home or trailer – Skip to 67, page 29</p> <p>RENTED FOR CASH OR OCCUPIED WITHOUT PAYMENT OF CASH RENT (Box 4 or 5 marked in 58b)</p> <p>(See item 57, page 27) { <input type="checkbox"/> One-unit structure – Skip to 61 <input type="checkbox"/> Two-or-more unit structure, or a mobile home or trailer – Skip to Check Item P</p>
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59a. Was that house on a place of 10 acres or more?	(441) 1 <input type="checkbox"/> Yes – Skip to 67, page 29 2 <input type="checkbox"/> No
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b. Was there a commercial establishment or medical or dental office on the property?	(442) 1 <input type="checkbox"/> Yes – Skip to 67, page 29 2 <input type="checkbox"/> No
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<p>60. What was the value of that property when . . . (Reference person) moved; that is, about how much did that property (house and lot) (condominium unit) sell for, or would it have sold for, had it been for sale?</p> <p>SHOW FLASHCARD D</p>	<p>(443)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td><input type="checkbox"/></td><td>Less than \$5,000</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>\$ 5,000 – \$ 7,499</td></tr> <tr><td>3</td><td><input type="checkbox"/></td><td>7,500 – 9,999</td></tr> <tr><td>4</td><td><input type="checkbox"/></td><td>10,000 – 12,499</td></tr> <tr><td>5</td><td><input type="checkbox"/></td><td>12,500 – 14,999</td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td>15,000 – 17,499</td></tr> <tr><td>7</td><td><input type="checkbox"/></td><td>17,500 – 19,999</td></tr> <tr><td>8</td><td><input type="checkbox"/></td><td>20,000 – 22,499</td></tr> <tr><td>9</td><td><input type="checkbox"/></td><td>22,500 – 24,999</td></tr> <tr><td>10</td><td><input type="checkbox"/></td><td>25,000 – 27,499</td></tr> <tr><td>11</td><td><input type="checkbox"/></td><td>27,500 – 29,999</td></tr> <tr><td>12</td><td><input type="checkbox"/></td><td>30,000 – 34,999</td></tr> <tr><td>13</td><td><input type="checkbox"/></td><td>35,000 – 39,999</td></tr> <tr><td>14</td><td><input type="checkbox"/></td><td>40,000 – 44,999</td></tr> <tr><td>15</td><td><input type="checkbox"/></td><td>45,000 – 49,999</td></tr> <tr><td>16</td><td><input type="checkbox"/></td><td>50,000 – 54,999</td></tr> <tr><td>17</td><td><input type="checkbox"/></td><td>55,000 – 59,999</td></tr> <tr><td>18</td><td><input type="checkbox"/></td><td>60,000 – 64,999</td></tr> <tr><td>19</td><td><input type="checkbox"/></td><td>65,000 – 69,999</td></tr> <tr><td>20</td><td><input type="checkbox"/></td><td>70,000 – 74,999</td></tr> <tr><td>21</td><td><input type="checkbox"/></td><td>75,000 – 79,999</td></tr> <tr><td>22</td><td><input type="checkbox"/></td><td>80,000 – 89,999</td></tr> <tr><td>23</td><td><input type="checkbox"/></td><td>90,000 – 99,999</td></tr> <tr><td>24</td><td><input type="checkbox"/></td><td>100,000 – 124,999</td></tr> <tr><td>25</td><td><input type="checkbox"/></td><td>125,000 – 149,999</td></tr> <tr><td>26</td><td><input type="checkbox"/></td><td>150,000 – 199,999</td></tr> <tr><td>27</td><td><input type="checkbox"/></td><td>200,000 – 249,999</td></tr> <tr><td>28</td><td><input type="checkbox"/></td><td>250,000 – 299,999</td></tr> <tr><td>29</td><td><input type="checkbox"/></td><td>300,000 or more</td></tr> </table>	1	<input type="checkbox"/>	Less than \$5,000	2	<input type="checkbox"/>	\$ 5,000 – \$ 7,499	3	<input type="checkbox"/>	7,500 – 9,999	4	<input type="checkbox"/>	10,000 – 12,499	5	<input type="checkbox"/>	12,500 – 14,999	6	<input type="checkbox"/>	15,000 – 17,499	7	<input type="checkbox"/>	17,500 – 19,999	8	<input type="checkbox"/>	20,000 – 22,499	9	<input type="checkbox"/>	22,500 – 24,999	10	<input type="checkbox"/>	25,000 – 27,499	11	<input type="checkbox"/>	27,500 – 29,999	12	<input type="checkbox"/>	30,000 – 34,999	13	<input type="checkbox"/>	35,000 – 39,999	14	<input type="checkbox"/>	40,000 – 44,999	15	<input type="checkbox"/>	45,000 – 49,999	16	<input type="checkbox"/>	50,000 – 54,999	17	<input type="checkbox"/>	55,000 – 59,999	18	<input type="checkbox"/>	60,000 – 64,999	19	<input type="checkbox"/>	65,000 – 69,999	20	<input type="checkbox"/>	70,000 – 74,999	21	<input type="checkbox"/>	75,000 – 79,999	22	<input type="checkbox"/>	80,000 – 89,999	23	<input type="checkbox"/>	90,000 – 99,999	24	<input type="checkbox"/>	100,000 – 124,999	25	<input type="checkbox"/>	125,000 – 149,999	26	<input type="checkbox"/>	150,000 – 199,999	27	<input type="checkbox"/>	200,000 – 249,999	28	<input type="checkbox"/>	250,000 – 299,999	29	<input type="checkbox"/>	300,000 or more
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28	<input type="checkbox"/>	250,000 – 299,999																																																																																						
29	<input type="checkbox"/>	300,000 or more																																																																																						

Skip to 67, page 29

61. Was that house on a place of 10 acres or more?	(444) 1 <input type="checkbox"/> Yes – Skip to 67, page 29 2 <input type="checkbox"/> No
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CHECK ITEM P	<p>(See item 58b, page 27)</p> <p><input type="checkbox"/> Rented for cash – Ask 62</p> <p><input type="checkbox"/> Occupied without payment of cash rent – Skip to 63, page 29</p>
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<p>62. What was the MONTHLY rent for that apartment (house)?</p> <p>(If rent was not paid by the month, write amount and time period covered in "Notes" space, then compute MONTHLY rent and enter on line provided.)</p> <p>(Include site rent for mobile homes if it was paid separately.)</p>	<p>(445) \$ _____ . 00 Per month</p> <hr style="border-top: 1px dashed black;"/> <p>NOTES</p>
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Section VI – RECENT MOVERS SUPPLEMENT – Continued

- | | |
|---|---|
| 63. Was that house (apartment) in a public housing project; that is, was it owned by a local housing authority or other local public agency? | (446) 1 <input type="checkbox"/> Yes – Skip to 65a
2 <input type="checkbox"/> No |
| 64. Did . . . (Reference person) pay a lower rent because the Federal, state, or local government was paying part of the cost? | (447) 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |

NOTE – Ask 65a for all categories before asking 65b. (Exclude phrase “In addition to rent” for sample units OCCUPIED WITHOUT PAYMENT OF CASH RENT.)

NOTE – Ask 65b only for those categories in 65a which were answered “Yes.”

- | | | |
|--|---|---|
| 65a. (1) In addition to rent, did that household pay for electricity? | (448) 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No, included in rent or supplied free
3 <input type="checkbox"/> No, electricity not used | 65b. (1) What was the average MONTHLY cost for electricity?

(449) \$ _____ . 00 |
| (2) In addition to rent, did that household pay for gas? | (450) 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No, included in rent or supplied free
3 <input type="checkbox"/> No, gas not used | (2) What was the average MONTHLY cost for gas?

(451) \$ _____ . 00 |
| (3) In addition to rent, did that household pay for water? | (452) 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No, included in rent or no charge | (3) What was the YEARLY cost for water?

(453) \$ _____ . 00 |
| (4) In addition to rent, did that household pay for oil, coal, kerosene, wood, OR any other fuel? | (454) 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No, included in rent
3 <input type="checkbox"/> No, these fuels not used or obtained free | (4) What was the YEARLY cost for oil, coal, kerosene, wood, and any other fuel?

(455) \$ _____ . 00 |
| (5) In addition to rent, did that household pay for garbage (food waste) collection? | (456) 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No | (5) What was the YEARLY cost for garbage (food waste) collection?

(457) \$ _____ . 00 |

NOTES

CHECK ITEM Q	(See item 58b, page 27) <input type="checkbox"/> Rented for cash – Ask 66 <input type="checkbox"/> Occupied without payment of cash rent – Skip to 67
---------------------	---

- | | |
|---|---|
| 66. Was that apartment (house) rented furnished or unfurnished? | (458) 1 <input type="checkbox"/> Furnished
2 <input type="checkbox"/> Unfurnished |
| 67. Besides the move to the present residence, how many other times did . . . (Reference person) move in the past 12 months? (Do not include visits or vacations.) | (459) 1 <input type="checkbox"/> None
2 <input type="checkbox"/> One
3 <input type="checkbox"/> Two
4 <input type="checkbox"/> Three or more |

Section VII – ENERGY SUPPLEMENT

CHECK ITEM R	(See items 33 and 34, page 16) <input type="checkbox"/> Sum of income entered in these items is \$25,000 or more – Skip to Check Item T, page 31 <input type="checkbox"/> All others – Read introduction then ask 68a
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INTRODUCTION The government has an energy assistance program which helps to pay home heating or cooling costs, and helps with energy-related emergencies, such as lack of heating or cooling in the home. This assistance can be received directly by the household, or it can be paid directly to the electric or gas company or fuel dealer.

68a. Between October 1982 and September 1983 did your household receive assistance of this type for HOME HEATING from the Federal, state, or local government?	(461) 1 <input type="checkbox"/> Yes – Ask 68b 2 <input type="checkbox"/> No – Skip to 69b
b. Was that for your household's – (1) Current residence?	(462) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Previous residence?	(463) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 69b

CHECK ITEM S	(See items 33 and 34, page 16) <input type="checkbox"/> Sum of income entered in these items is \$25,000 or more – Skip to Check Item T, page 31 <input type="checkbox"/> All others – Read introduction then ask 69a
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INTRODUCTION The government has an energy assistance program which helps to pay home heating or cooling costs, and helps with energy-related emergencies, such as lack of heating or cooling in the home. This assistance can be received directly by the household, or it can be paid directly to the electric or gas company or fuel dealer.

69a. Between October 1982 and September 1983 did your household receive assistance of this type for HOME HEATING from the Federal, state, or local government?	(461) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Between October 1982 and September 1983 did your household receive assistance of this type for HOME COOLING from the Federal, state, or local government?	(465) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Between October 1982 and September 1983 did your household receive assistance of this type for any HOME ENERGY-RELATED EMERGENCY from the Federal, state, or local government?	(467) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
70. The government has a program which helps some people to save home energy by either providing and installing such things as insulation, storm windows or doors, weatherstripping and caulking; or providing furnace tuneups and repairs; or repairing broken doors and windows. Between October 1982 and September 1983, did your household receive any such services from the Federal, state or local government?	(468) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
71. In the past 12 months did you or any member of your household receive any payments or benefits from –	
a. Aid to Families with Dependent Children (AFDC)?	(469) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Supplemental Security Income (SSI)?	(470) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Food Stamps?	(471) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. General Assistance or other public assistance?	(472) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

OFFICE USE ONLY	
(466)	X <input type="checkbox"/>

Section VIII – MOBILE HOME SUPPLEMENT

CHECK ITEM T	<p>Part (1) (See item 8a, page 10)</p> <p><input type="checkbox"/> Mobile home or trailer (no permanent room attached) – Ask 72</p> <p><input type="checkbox"/> All others – Go to part (2)</p> <p>Part (2) (See Check Item B, page 12)</p> <p><input type="checkbox"/> Box 1 or 2 marked – Go to Check Item DD, page 43</p> <p><input type="checkbox"/> Box 4 marked – Go to Section XI, page 46</p> <p><input type="checkbox"/> Box 5 marked – Go to Check Item CC, page 39</p> <p><input type="checkbox"/> Box 6 through 11 marked – Go to Check Item DD, page 43</p>
72. Including this mobile home, how many mobile homes has . . . (Reference person) owned or rented as a primary residence? <i>(Do not include mobile homes purchased, or rented for commercial purposes or used as a second home)</i>	<p>(701) 0 <input type="checkbox"/> None</p> <p>1 <input type="checkbox"/> One</p> <p>2 <input type="checkbox"/> Two</p> <p>3 <input type="checkbox"/> Three or more</p>
73. Is this mobile home anchored, that is, is it secured with tiedowns or by other means?	<p>(702) 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
74. Is this mobile home on a permanent masonry foundation, resting on a concrete pad, up on blocks but not on a concrete pad, or set up some other way?	<p>(703) 1 <input type="checkbox"/> Permanent masonry foundation</p> <p>2 <input type="checkbox"/> Concrete pad</p> <p>3 <input type="checkbox"/> Up on blocks, no concrete pad</p> <p>4 <input type="checkbox"/> Other – Specify ↓</p> <p>_____</p>
75a. Is this mobile home a single-wide or a double-wide?	<p>(704) 1 <input type="checkbox"/> Single wide</p> <p>2 <input type="checkbox"/> Double wide</p>
b. What is the width of this mobile home?	<p>(705) 1 <input type="checkbox"/> Less than 8 feet</p> <p>2 <input type="checkbox"/> 8 feet</p> <p>3 <input type="checkbox"/> 10 feet</p> <p>4 <input type="checkbox"/> 12 feet</p> <p>5 <input type="checkbox"/> 14 feet</p> <p>6 <input type="checkbox"/> 16 feet</p> <p>7 <input type="checkbox"/> 20 feet</p> <p>8 <input type="checkbox"/> 24 feet or more</p>
CHECK ITEM U	<p>(See item 21b, page 13)</p> <p><input type="checkbox"/> Mobile home was NEW when acquired – Ask 76</p> <p><input type="checkbox"/> All others – Skip to Check Item V, page 32</p>
76. Who set up this mobile home on this site?	<p>(706) 1 <input type="checkbox"/> Dealer</p> <p>2 <input type="checkbox"/> Professional set-up person employed by dealer or park</p> <p>3 <input type="checkbox"/> Professional mover or transport company who specializes in mobile home installation</p> <p>4 <input type="checkbox"/> Manufacturer</p> <p>5 <input type="checkbox"/> Household member</p> <p>6 <input type="checkbox"/> Other – Specify ↓</p> <p>_____</p>

Section VIII – MOBILE HOME SUPPLEMENT – Continued

<p>77. When you acquired your mobile home, did you receive –</p> <p>a. An owner's manual</p>	<p align="center">(707)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>b. An owner information card?</p>	<p align="center">(708)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>c. Set-up or installation instructions?</p>	<p align="center">(709)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>d. A full warranty on the mobile home?</p>	<p align="center">(710)</p> <p>1 <input type="checkbox"/> Yes – Skip to Check Item V 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>e. A limited warranty on the mobile home?</p>	<p align="center">(711)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>

CHECK ITEM V	<p>(See item 7a–b, page 10)</p> <p><input type="checkbox"/> Owned or being bought (box 1, 2, or 3 marked in item 7a) – Ask 78a</p> <p><input type="checkbox"/> Rented for cash or occupied without payment of cash rent (box 4 or 5 marked in item 7b) – Skip to 82a, page 34</p>
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<p>78a. Was this mobile home placed on this site in the past 12 months?</p>	<p align="center">(712)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 82a, page 34</p>
<p>b. Was this mobile home damaged while being transported?</p>	<p align="center">(713)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 79a</p>
<p>c. Describe the damage.</p>	<p>Description of damage</p> <p>_____</p>
	<p align="center">(714) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OFFICE USE ONLY</p>

<p>SHOW FLASHCARD I</p> <p>d. Please look at this card. Who repaired the damage(s)?</p> <p>(Mark all answers given)</p>	<p align="center">(715)</p> <p>* 1 <input type="checkbox"/> Dealer or someone hired by dealer 2 <input type="checkbox"/> Manufacturer 3 <input type="checkbox"/> Household member 4 <input type="checkbox"/> Someone hired by a household member 5 <input type="checkbox"/> Someone else 6 <input type="checkbox"/> Not repaired or not resolved</p>
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<p>79a. At the time of installation, were there problems connecting this mobile home to any utility because the utility connections on this mobile home did not fit or work properly?</p>	<p align="center">(716)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 80a</p>
<p>b. Which of the following utility connections did not fit or work properly –</p> <p>(Read all answer categories and mark all answers given)</p>	<p align="center">(717)</p> <p>* 1 <input type="checkbox"/> Electricity? 2 <input type="checkbox"/> Natural gas? 3 <input type="checkbox"/> Bottled gas? 4 <input type="checkbox"/> Water supply? 5 <input type="checkbox"/> Sewage disposal? 6 <input type="checkbox"/> Other – Specify _____</p>

<p>SHOW FLASHCARD I</p> <p>c. Please look at this card. Who fixed this (these) problem(s)?</p> <p>(Mark all answers given)</p>	<p align="center">(718)</p> <p>* 1 <input type="checkbox"/> Dealer or someone hired by dealer 2 <input type="checkbox"/> Manufacturer 3 <input type="checkbox"/> Household member 4 <input type="checkbox"/> Someone hired by a household member 5 <input type="checkbox"/> Someone else 6 <input type="checkbox"/> Not repaired or not resolved</p>
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Section VIII – MOBILE HOME SUPPLEMENT – Continued

80a. At the time of installation, was this mobile home correctly leveled? (719) 1 Yes – Skip to 81a
2 No

b. Did this cause any problems? (720) 1 Yes
2 No – Skip to 81a

c. Describe the problem(s). **Description of problem(s)**

(721) OFFICE USE ONLY

SHOW FLASHCARD I

d. Please look at this card. Who fixed the problem(s)? (722) 1 Dealer or someone hired by the dealer
* 2 Manufacturer
3 Household member
4 Someone hired by a household member
5 Someone else
6 Not repaired or not resolved

(Mark all answers given)

81a. Did you have any other installation problems? (723) 1 Yes
2 No – Skip to 82a

b. What were these problems? **Description of problems**

(724) OFFICE USE ONLY

SHOW FLASHCARD I

c. Please look at this card. Who fixed this (these) problem(s)? (725) 1 Dealer or someone hired by the dealer
* 2 Manufacturer
3 Household member
4 Someone hired by a household member
5 Someone else
6 Not repaired or not resolved

(Mark all answers given)

NOTES

Section VIII – MOBILE HOME SUPPLEMENT – Continued

INTERVIEWER INSTRUCTION

Ask 82a for all categories before asking 82b and 82c

82a. IN THE PAST 12 MONTHS, did you have –	
(1) Any problems with uneven settling of blocks, foundation, or supports?	(726) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Single-wide – Mark box 3 and skip to (3) (2) Any problems with joining of double-wide sections?	(727) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Single
(3) Any leaks in the roof?	(728) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Any other roof problems?	(729) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Warped siding or other siding problems?	(730) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Air leaks in the walls?	(731) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Any inoperative doors or windows?	(732) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Any other outside wall problems?	(733) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Buckling of inside walls?	(734) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Any other inside wall problems?	(735) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Buckling floors?	(736) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Holes in the floors? (Mark from item 14b, page 11)	(737) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Any other floor problems?	(738) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14) Any problems with electrical wiring?	(739) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(15) Any problems with electrical fixtures, outlets, etc?	(740) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(16) Any large appliance breakdowns? Include original equipment only.	(741) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(17) Any other electrical problems?	(742) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(18) Any leaking pipes or plumbing fixtures?	(743) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(19) Any water heater problems?	(744) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(20) Any sewer or septic tank problems?	(745) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(21) Any other plumbing problems?	(746) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
No heating equipment – Mark box 3 and skip to (23) (22) A breakdown in the heating equipment; that is, was it completely unusable for 6 consecutive hours or more?	(747) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> None
No heating equipment – Mark box 3 and skip to (24) (23) Any other heating problems?	(748) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> None
No air-conditioning – Mark box 3 and skip to (25) (24) Any air-conditioning problem?	(749) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> None
(25) Any interior odors or fumes? Do not include cooking odors	(750) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section VIII – MOBILE HOME SUPPLEMENT – Continued

NOTE – Ask 82b and c only for those categories in 82a which were answered “Yes”

82b. IN THE PAST 12 MONTHS, how many problems did you have with (Specify problem in 82a)	82c. SHOW FLASHCARD I. Please look at this card. Who repaired this (these) problem(s)? (Mark all answers given)					
	Dealer or someone hired by dealer	Manufacturer	Household member	Someone hired by household member	Someone else	Problem not repaired
(1) (751) _____ Number	(776) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(2) (752) _____ Number	(777) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(3) (753) _____ Number	(778) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(4) (754) _____ Number	(779) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(5) (755) _____ Number	(780) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(6) (756) _____ Number	(781) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(7) (757) _____ Number	(782) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(8) (758) _____ Number	(783) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(9) (759) _____ Number	(784) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(10) (760) _____ Number	(785) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(11) (761) _____ Number	(786) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(12) (762) _____ Number	(787) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(13) (763) _____ Number	(788) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(14) (764) _____ Number	(789) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(15) (765) _____ Number	(790) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(16) (766) _____ Number	(791) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(17) (767) _____ Number	(792) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(18) (768) _____ Number	(793) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(19) (769) _____ Number	(794) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(20) (770) _____ Number	(795) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(21) (771) _____ Number	(796) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(22) (772) _____ Number	(797) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(23) (773) _____ Number	(798) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(24) (774) _____ Number	(799) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(25) (775) _____ Number	(846) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Section VIII – MOBILE HOME SUPPLEMENT – Continued

CHECK ITEM W	(See item 82a(25), page 34, Interior Odors or Fumes) <input type="checkbox"/> Yes box marked – Ask 83 <input type="checkbox"/> No box marked – Skip to 84
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83. You mentioned noticing odors or fumes inside your home. What caused the odors or fumes?	Describe ↓ _____ _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> OFFICE USE ONLY 1 <input type="checkbox"/> F 2 <input type="checkbox"/> O </div> 3 <input type="checkbox"/> Don't know
---	---

84. Does your mobile home have a RED metal manufacturer's label?	(847) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
--	--

CHECK ITEM X	(See Check Item B, page 12) <input type="checkbox"/> Owner occupied mobile home or trailer on less than 10 acres (box 3 marked) – (See item 22, page 13) { <input type="checkbox"/> Installment loan or contract – Skip to 87 <input type="checkbox"/> Owned free and clear – Ask 85 <input type="checkbox"/> Rented for cash (box 8 marked) – Skip to Check Item AA, page 38 <input type="checkbox"/> No cash rent (box 11 marked) – Skip to Check Item AA, page 38 <input type="checkbox"/> All others – Skip to 95, page 38
-------------------------	--

85. Did you place or assume a mortgage (loan) when you acquired this mobile home?	(849) 1 <input type="checkbox"/> Yes – Skip to 87 2 <input type="checkbox"/> No
---	--

86. How did you acquire this mobile home?	(850) 1 <input type="checkbox"/> Inheritance or gift 2 <input type="checkbox"/> Paid all cash 3 <input type="checkbox"/> Other manner – Specify ↓ _____
---	--

87. Including this site, on how many sites have you placed this mobile home since you have owned it?	(851) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2–3 3 <input type="checkbox"/> 4 or more
--	--

CHECK ITEM Y	(See item 25b(5), page 14, Real Estate Taxes) <input type="checkbox"/> An entry of an amount, "NA," "DK," or "Refused" in item 25b(5) – Ask 88a <input type="checkbox"/> Item 25b(5) is blank – Skip to 89a
-------------------------	---

88a. Earlier you told me that you pay real estate taxes. Do you also pay a personal property tax, or an annual license fee or similar annual charge, for this mobile home? (Mark all answers given)	(852) 1 <input type="checkbox"/> Yes – personal property tax * 2 <input type="checkbox"/> Yes – license fee or similar annual charge 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Don't know } Skip to Check Item Z, page 37
--	---

b. What is the yearly cost? (If more than one tax or fee, enter total yearly cost of all such payments. Do not include real estate taxes.	(853) \$ _____ . 00 Skip to Check Item Z, page 37
--	---

Section VIII – MOBILE HOME SUPPLEMENT – Continued

89a. Do you pay a personal property tax or an annual license fee or similar annual charge for this mobile home?

*(Do not include condominium fee)
(Mark all answers given)*

- 854** *
 1 Yes – personal property tax
 2 Yes – license fee or similar annual charge
 3 No
 4 Don't know } Skip to Check Item Z

b. What is the yearly cost?
(If more than one tax or fee, enter total yearly cost of all such payments.)

855 \$ _____ . **00**

CHECK ITEM Z

Part I (See Check Item B, page 12)

- Condominium (box 2 marked) – Skip to 96, page 38
 All others – Go to part 2

Part 2 (See item 20, page 13)

- Site owned – Ask 90
 Site rented or occupied without payment of cash rent – Skip to 91
 Item 20 is "NA," "DK" or "Ref." – Go to item 97, page 38

90. How much do you think this property, that is, mobile home and land, would sell for on today's market?

SHOW FLASHCARD J

- 856**
- | | |
|--|--|
| 1 <input type="checkbox"/> Less than \$5,000 | 12 <input type="checkbox"/> 30,000–34,999 |
| 2 <input type="checkbox"/> \$5,000–\$7,499 | 13 <input type="checkbox"/> 35,000–39,999 |
| 3 <input type="checkbox"/> 7,500– 9,999 | 14 <input type="checkbox"/> 40,000–44,999 |
| 4 <input type="checkbox"/> 10,000–12,499 | 15 <input type="checkbox"/> 45,000–49,999 |
| 5 <input type="checkbox"/> 12,500–14,999 | 16 <input type="checkbox"/> 50,000–54,999 |
| 6 <input type="checkbox"/> 15,000–17,499 | 17 <input type="checkbox"/> 55,000–59,999 |
| 7 <input type="checkbox"/> 17,500–19,999 | 18 <input type="checkbox"/> 60,000–64,999 |
| 8 <input type="checkbox"/> 20,000–22,499 | 19 <input type="checkbox"/> 65,000–69,999 |
| 9 <input type="checkbox"/> 22,500–24,999 | 20 <input type="checkbox"/> 70,000–74,999 |
| 10 <input type="checkbox"/> 25,000–27,499 | 21 <input type="checkbox"/> 75,000 or more |
| 11 <input type="checkbox"/> 27,500–29,999 | |

SKIP TO 97, page 38

91. How much do you think this mobile home would sell for on today's market?

SHOW FLASHCARD J

- 857**
- | | |
|--|--|
| 1 <input type="checkbox"/> Less than \$5,000 | 12 <input type="checkbox"/> 30,000–34,999 |
| 2 <input type="checkbox"/> \$5,000–\$7,499 | 13 <input type="checkbox"/> 35,000–39,999 |
| 3 <input type="checkbox"/> 7,500– 9,999 | 14 <input type="checkbox"/> 40,000–44,999 |
| 4 <input type="checkbox"/> 10,000–12,499 | 15 <input type="checkbox"/> 45,000–49,999 |
| 5 <input type="checkbox"/> 12,500–14,999 | 16 <input type="checkbox"/> 50,000–54,999 |
| 6 <input type="checkbox"/> 15,000–17,499 | 17 <input type="checkbox"/> 55,000–59,999 |
| 7 <input type="checkbox"/> 17,500–19,999 | 18 <input type="checkbox"/> 60,000–64,999 |
| 8 <input type="checkbox"/> 20,000–22,499 | 19 <input type="checkbox"/> 65,000–69,999 |
| 9 <input type="checkbox"/> 22,500–24,999 | 20 <input type="checkbox"/> 70,000–74,999 |
| 10 <input type="checkbox"/> 25,000–27,499 | 21 <input type="checkbox"/> 75,000 or more |
| 11 <input type="checkbox"/> 27,500–29,999 | |

92. What is the MONTHLY rent for this site?

(Mark the frequency of payment box and enter the MONTHLY site rent. (If rent is not paid by the month, compute the MONTHLY site rent in "Notes" space, and enter the monthly site rent on the line provided.)

856 \$ _____ . **00** Per month
 0 No cash rent

- 857**
- 1 More frequently than once a month
 2 Less frequently than once a month
 3 Once a month

} Skip to 97, page 38

NOTES

Section VIII – MOBILE HOME SUPPLEMENT – Continued

**CHECK
ITEM AA**

(See item 27, page 15)

- Site owned – Skip to 95
- Site rented or occupied without payment of cash rent – Ask 93

93. Is the site rent included with the rent for the mobile home?

- 858** 1 Yes – Skip to 95
2 No

94. What is the MONTHLY rent for this site?

Mark the frequency of payment box and enter the MONTHLY site rent. (If rent is not paid by the month, compute the MONTHLY site rent in "Notes" space, and enter the monthly site rent on the line provided.)

866 \$ _____ . **00** Per month
0 No cash rent

- 867** 1 More frequently than once a month
2 Less frequently than once a month
3 Once a month

NOTES

95. Was this mobile home NEW when . . . (Reference person) moved in?

- 859** 1 Yes
2 No
3 Don't know } Skip to 97

96. Was the mobile home (trailer) NEW when you acquired it?

- 860** 1 Yes
2 No

97. Would you recommend mobile home living to others?

- 861** 1 Yes
2 Sometimes
3 No

98. How would you rate this mobile home as a place to live – would you say it is excellent, good, fair, or poor?

- 862** 1 Excellent
2 Good
3 Fair
4 Poor – Ask 99 } Skip to Check Item BB

99. Why did you rate this mobile home as a poor place to live?

(Mark all answers given)

- 863** * 1 Location (neighborhood problems, commuting problems, etc.)
2 Quality of construction or workmanship
3 Size (mobile home is too small or too large)
4 Safety (fire hazard, wind or flood hazard, falls or other personal injuries)
5 Too expensive – (utilities, maintenance, charges or fees)
6 Bad investment
864 7 Other – Specify ↓

**CHECK
ITEM BB**

(See Check Item B, page 12)

- Box 1 or 2 marked – Go to Check Item DD, page 43
- Box 3 marked – Go to Section XI, page 46
- Box 5 marked – Ask 100a
- Box 8 or 11 – Skip to Check Item DD, page 43

Section IX – HOUSING COST SUPPLEMENT

<p>100a. Do you own the mobile home (trailer) SITE or is it rented?</p>	<p>(565) 1 <input type="checkbox"/> Owned – Skip to 101a 2 <input type="checkbox"/> Rented for cash or occupied without payment of cash rent</p>
<p>b. What is the MONTHLY rent for this site? <i>(Mark the frequency of payment box and enter the MONTHLY site rent. (If rent is not paid by the month, compute the MONTHLY site rent in "Notes" space, and enter the monthly site rent on the line provided).)</i></p>	<p>(566) \$ _____ . 00 Per month 0 <input type="checkbox"/> No cash rent</p> <hr style="border-top: 1px dashed black;"/> <p>(567) 1 <input type="checkbox"/> More frequently than once a month 2 <input type="checkbox"/> Less frequently than once a month 3 <input type="checkbox"/> Once a month</p>
<p>101a. In what year did you acquire this mobile home (trailer)?</p>	<p>(568) 19 _____</p>
<p>b. Was the mobile home (trailer) NEW when you acquired it?</p>	<p>(569) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. When you acquired this mobile home (trailer), what was the purchase price? Do not include the price of the site or closing costs.</p>	<p>(570) \$ _____ . 00 Purchase price 0 <input type="checkbox"/> Not purchased</p>

CHECK ITEM CC	<p>(See item 40d, page 22)</p> <p><input type="checkbox"/> Kind of mortgage specified (box 1, 2, 3, or 4 marked or "DK," "NA," or "REF" entered) – Ask 102</p> <p><input type="checkbox"/> Item 40d blank – Skip to 105, page 40</p>
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<p>102. Earlier you told me that your residence is mortgaged. In regard to that mortgage, what are the required payments to the lender? If more than one mortgage (loan), on this property, give the total amount of the payments.</p>	<p>(534) \$ _____ . 00 PER</p> <p>(535) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year <input type="checkbox"/> Other – Specify _____</p>
---	---

<p>103a. In regard to the mortgage (loan), do the required payments include mortgage payments for property other than your residence? <i>(For example – Farm buildings, the house or apartment of another household, or a business or office)</i></p>	<p>(571) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 104</p>
<p>b. How much of the (specify amount in item 102) is for YOUR RESIDENCE?</p>	<p>(572) \$ _____ . 00 0 <input type="checkbox"/> Don't know</p>

<p>104. In regard to the mortgage, do the required payments include –</p> <p>(1) Real estate taxes for your residence?</p>	<p>(573) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) Fire and hazard insurance for your residence?</p>	<p>(574) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

NOTES

Section IX – HOUSING COST SUPPLEMENT – Continued

<p>105a. Do you pay for electricity?</p>	<p>(575) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or electricity not used – Skip to 106a</p>
<p>b. In the past 12 months, what was the average MONTHLY cost for electricity?</p>	<p>(576) \$ _____ . 00</p>
<p>c. Does any part of that amount cover electricity for use other than for your residence? <i>(For example – Farm buildings, the house or apartment of another household, or a business or office)</i></p>	<p>(577) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 106a</p>
<p>d. How much of the (specify amount in item 105b) is for YOUR RESIDENCE?</p>	<p>(578) \$ _____ . 00</p> <p>0 <input type="checkbox"/> Don't know</p>
<p>e. Is that based on separate metering?</p>	<p>(579) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>106a. Do you pay for gas?</p>	<p>(580) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or gas not used – Skip to 107a</p>
<p>b. In the past 12 months, what was the average MONTHLY cost for gas?</p>	<p>(581) \$ _____ . 00</p>
<p>c. Does any part of that amount cover gas for use other than for your residence? <i>(For example: Farm buildings, the house or apartment of another household, or a business or office)</i></p>	<p>(582) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 107a</p>
<p>d. How much of the (specify amount in item 106b) is for YOUR RESIDENCE?</p>	<p>(583) \$ _____ . 00</p> <p>0 <input type="checkbox"/> Don't know</p>
<p>e. Is that based on separate metering?</p>	<p>(584) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>107a. Do you pay for water supply and/or sewage disposal?</p>	<p>(585) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 108a</p>
<p>b. What is the YEARLY cost for water supply and sewage disposal?</p>	<p>(586) \$ _____ . 00</p>
<p>c. Does any part of that amount cover water supply and/or sewage disposal for use other than for your residence? <i>(For example: Farm buildings, the house or apartment of another household, or a business or office)</i></p>	<p>(587) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 108a</p>
<p>d. How much of the (specify amount in item 107b) is for YOUR RESIDENCE?</p>	<p>(588) \$ _____ . 00</p> <p>0 <input type="checkbox"/> Don't know</p>
<p>e. Is that based on separate metering?</p>	<p>(589) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Section IX – HOUSING COST SUPPLEMENT – Continued

108a. Do you pay for oil, coal, kerosene, wood, OR any other fuel?	(590) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 109a
b. What is the YEARLY cost for oil, coal, kerosene, wood, or any other fuel?	(591) \$ _____ . 00
c. Does any part of that amount cover fuels for use other than for your residence? <i>(For example: Farm buildings, the house or apartment of another household, or a business or office)</i>	(592) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 109a
d. How much of the (specify amount in item 108b) is for YOUR RESIDENCE?	(593) \$ _____ . 00 0 <input type="checkbox"/> Don't know
109a. Do you pay for fire and hazard insurance? <i>(Also include if part of mortgage payment)</i>	(594) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 110a
b. What is the YEARLY cost for fire and hazard insurance?	(595) \$ _____ . 00
c. Does any part of that amount cover fire and hazard insurance for property other than your residence? <i>(For example: Farm buildings, the house or apartment of another household, or a business or office)</i>	(596) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 110a
d. How much of the (specify amount in item 109b) is for YOUR RESIDENCE?	(597) \$ _____ . 00 0 <input type="checkbox"/> Don't know
e. Is that based on separate premiums?	(598) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
110a. Do you pay for real estate taxes? <i>(Also include if part of mortgage payment)</i>	(599) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 111a
b. What is the YEARLY cost for real estate taxes? <i>(Do not include taxes in arrears from previous years)</i>	(600) \$ _____ . 00
c. Does any part of that amount cover real estate taxes for property other than your residence? <i>(For example: Farm buildings, the house or apartment of another household, or a business or office)</i>	(601) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 111a
d. How much of the (specify amount in item 110b) is for YOUR RESIDENCE?	(602) \$ _____ . 00 0 <input type="checkbox"/> Don't know
e. Is that based on separate assessments?	(603) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section IX – HOUSING COST SUPPLEMENT – Continued

111a. Do you pay for garbage (food waste) collection separately from real estate taxes?

- (604)** 1 Yes
 2 No or payment included in real estate taxes – Skip to 112

b. What is the YEARLY cost for garbage (food waste) collection?

(605) \$ _____ . **00**

c. Does any part of that amount cover garbage (food waste) collection for other than your residence?

- (606)** 1 Yes
 2 No – Skip to 112

d. How much of the (specify amount in item 111b) is for YOUR RESIDENCE?

(607) \$ _____ . **00**
 0 Don't know

e. Is that based on separate bills?

- (608)** 1 Yes
 2 No

112. How much do you think this property (that is, house and lot) would sell for on today's market?

SHOW FLASHCARD D

For multi-unit structures, obtain value of housing unit only.

- (609)** 1 Less than \$5,000
 2 \$ 5,000 – \$ 7,499
 3 7,500 – 9,999
 4 10,000 – 12,499
 5 12,500 – 14,999
 6 15,000 – 17,499
 7 17,500 – 19,999
 8 20,000 – 22,499
 9 22,500 – 24,999
 10 25,000 – 27,499
 11 27,500 – 29,999
 12 30,000 – 34,999
 13 35,000 – 39,999
 14 40,000 – 44,999
 15 45,000 – 49,999
 16 50,000 – 54,999
 17 55,000 – 59,999
 18 60,000 – 64,999
 19 65,000 – 69,999
 20 70,000 – 74,999
 21 75,000 – 79,999
 22 80,000 – 89,999
 23 90,000 – 99,999
 24 100,000 – 124,999
 25 125,000 – 149,999
 26 150,000 – 199,999
 27 200,000 – 249,999
 28 250,000 – 299,999
 29 300,000 or more

Skip to section **XI**, page 46

NOTES

Section X – CONDOMINIUM/COOPERATIVE SUPPLEMENT

CHECK ITEM DD	(See Check Item B, page 12) <input type="checkbox"/> Owned as a cooperative (box 1 marked) – Skip to 114 <input type="checkbox"/> Owned as a condominium (box 2 marked) – Skip to 114 <input type="checkbox"/> Rented for cash or occupied without payment of cash rent (box 6, 7, 8, 9, 10 or 11 marked) – Ask 113
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113. Is this apartment (house) part of a condominium?	(527) 1 <input type="checkbox"/> Yes – Skip to 116a 2 <input type="checkbox"/> No – Skip to Section XI, page 46
--	--

114. Was this building converted from rental housing to condominium (cooperative) housing?	(528) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 116a
---	---

115. In what year was this unit converted to condominium (cooperative) ownership?	(529) 0 <input type="checkbox"/> 1983 1 <input type="checkbox"/> 1981–1982 2 <input type="checkbox"/> 1979–1980 3 <input type="checkbox"/> 1976–1978 4 <input type="checkbox"/> 1970–1975 5 <input type="checkbox"/> Before 1970 6 <input type="checkbox"/> Don't know
--	--

116a. A development is a building or group of buildings under a single management. How many condominium (cooperative) units are there in THIS development? (Read answer categories)	(530) 1 <input type="checkbox"/> Less than 50 2 <input type="checkbox"/> 50–99 3 <input type="checkbox"/> 100–499 4 <input type="checkbox"/> 500 or more 5 <input type="checkbox"/> Don't know
--	--

b. Are any (other) units in this development rented or for rent?	(531) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
---	--

117a. What is the name of the condominium (cooperative) development?	(532) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> </table>																						

b. What is the telephone number of the management office, sales office, or real estate office for the condominium (cooperative) development?	(533) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%; text-align: center;">Area code</th> <th style="width:75%; text-align: center;">Number</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> - </td> </tr> </table>	Area code	Number		-
Area code	Number				
	-				

CHECK ITEM EE	Part (1) (See item 8, page 1) <input type="checkbox"/> URE Interview – Skip to Section XI, page 46 <input type="checkbox"/> Regular Interview – Go to Part (2) below Part (2) (See Check Item B, page 12) <input type="checkbox"/> Owned as a cooperative or condominium (box 1 or 2 marked) – Go to Part (3) below <input type="checkbox"/> All others – Skip to Section XI, page 46 Part (3) (See item 40d, page 22) <input type="checkbox"/> Kind of mortgage specified (box 1, 2, 3 or 4 marked or "NA," "DK" or "REF" entered) – Ask 118, page 44 <input type="checkbox"/> Item 40d blank – Skip to 119a, page 44
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NOTES

Section X – CONDOMINIUM/COOPERATIVE SUPPLEMENT – Continued

<p>118. Earlier you told me that this unit is mortgaged. In regard to that mortgage, what are the required payments to the lender? If more than one mortgage (loan) on this condominium, (cooperative) give the total amount of the payments.</p>	<p>(534) \$ _____ . <input checked="" type="checkbox"/> 00 PER</p> <p>(535) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year <input type="checkbox"/> Other – Specify _____</p>
<p>119a. Do you pay for fire and hazard insurance? <i>(Also include fire and hazard insurance that is included in mortgage payments.)</i></p>	<p>(536) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 120a</p>
<p>b. What is the YEARLY cost?</p>	<p>(537) \$ _____ . <input checked="" type="checkbox"/> 00</p>
<p>120a. Are the real estate taxes included in the mortgage payment (cooperative maintenance fee)?</p>	<p>(538) 1 <input type="checkbox"/> Yes – Skip to 120c 2 <input type="checkbox"/> No</p>
<p>b. Do you pay real estate taxes separately?</p>	<p>(539) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 121</p>
<p>c. What is the YEARLY cost? <i>(Do not include taxes in arrears from previous years.)</i></p>	<p>(540) \$ _____ . <input checked="" type="checkbox"/> 00</p>
<p>121. How much is your condominium (cooperative maintenance) fee?</p>	<p>(541) \$ _____ . <input checked="" type="checkbox"/> 00 PER</p> <p>(542) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year <input type="checkbox"/> Other – Specify _____</p>
<p>122a. Does your condominium (cooperative maintenance) fee include electricity?</p>	<p>(543) 1 <input type="checkbox"/> Yes – Skip to 123a 2 <input type="checkbox"/> No</p>
<p>b. Do you pay for electricity separately?</p>	<p>(544) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or electricity not used – Skip to 123a</p>
<p>c. In the past 12 months, what was the average MONTHLY cost for electricity?</p>	<p>(545) \$ _____ . <input checked="" type="checkbox"/> 00</p>
<p>123a. Does your condominium (cooperative maintenance) fee include gas?</p>	<p>(546) 1 <input type="checkbox"/> Yes – Skip to 124a 2 <input type="checkbox"/> No</p>
<p>b. Do you pay for gas separately?</p>	<p>(547) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or gas not used – Skip to 124a</p>
<p>c. In the past 12 months, what was the average MONTHLY cost for gas?</p>	<p>(548) \$ _____ . <input checked="" type="checkbox"/> 00</p>
<p>124a. Does your condominium (cooperative maintenance) fee include water supply and/or sewage disposal?</p>	<p>(549) 1 <input type="checkbox"/> Yes – Skip to 125a, page 45 2 <input type="checkbox"/> No</p>
<p>b. Do you pay for water supply and/or sewage disposal separately</p>	<p>(550) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 125a, page 45</p>
<p>c. What is the YEARLY cost for water supply and sewage disposal?</p>	<p>(551) \$ _____ . <input checked="" type="checkbox"/> 00</p>

Section X – CONDOMINIUM/COOPERATIVE SUPPLEMENT – Continued

<p>125a. Does your condominium (cooperative maintenance) fee include oil, coal, kerosene, wood, OR any other fuel?</p>	<p>552 1 <input type="checkbox"/> Yes – Skip to 126a 2 <input type="checkbox"/> No</p>
<p>b. Do you pay for oil, coal, kerosene, wood, OR any other fuel separately?</p>	<p>553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 126a</p>
<p>c. What is the YEARLY cost for oil, coal, kerosene, wood, and any other fuel?</p>	<p>554 \$ _____ . 00</p>
<p>126a. Does your condominium (cooperative maintenance) fee include garbage (food waste) collection?</p>	<p>555 1 <input type="checkbox"/> Yes – Skip to 127 2 <input type="checkbox"/> No</p>
<p>b. Do you pay for garbage (food waste) collection separately from real estate taxes?</p>	<p>556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or payment included in real estate taxes – Skip to 127</p>
<p>c. What is the YEARLY cost for garbage (food waste) collection?</p>	<p>557 \$ _____ . 00</p>
<p>127. Does your condominium (cooperative maintenance) fee include –</p>	
<p>(1) Upkeep and maintenance of the common property, buildings, equipment, and grounds?</p>	<p>558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) Off-street parking?</p>	<p>559 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(3) Swimming facilities?</p>	<p>560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(4) Other recreational facilities?</p>	<p>561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(5) Security personnel?</p>	<p>562 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(6) Anything else?</p>	<p>563 1 <input type="checkbox"/> Yes – Specify _____</p> <p>2 <input type="checkbox"/> No</p>

NOTES

Section XI – HOUSING QUALITY AND EQUIPMENT BREAKDOWN SUPPLEMENT

INTRODUCTION

Now I have some questions concerning problems you may have experienced in this home.

CHECK ITEM FF

(See Check Item J, Part (2), page 22)

Part (1) Reference person moved into this house (apartment) before February 1983

- Yes – Go to Part (2) below
- No – Skip to Check Item GG

(See item 12, page 11)

Part (2) Heating Equipment

- Room heater(s) WITHOUT flue or vent (box 7 marked) – Ask 128
- Fireplaces, stoves, or portable room heater(s) (box 8 marked) – Ask 128
- Unit has no heating equipment (box 9 marked) – Ask 128
- All others – Skip to 129

128. During the time period of December 1982 through February 1983 was this house (apartment) so cold for 24 hours or more that it caused you discomfort?

- (801) 1 Yes } Skip to 131
 2 No }

129. During the time period of December 1982 through February 1983 when your regular heating system was working, did you, at any time, have to use additional sources of heat BECAUSE YOUR REGULAR SYSTEM DID NOT PROVIDE ENOUGH HEAT?

- (802) 1 Yes } Skip to 130
 2 No }

CHECK ITEM GG

(See item 12, page 11)
HEATING EQUIPMENT

- Room heater(s) WITHOUT flue or vent (box 7 marked) – Skip to 131
- Fireplaces, stoves, or portable room heater(s) (box 8 marked) – Skip to 131
- Unit has no heating equipment (box 9 marked) – Skip to 131
- All others – Ask 130

130. How many rooms in this house (apartment) do NOT have hot air ducts, registers, radiators, or room heaters? Do not count kitchen or bathroom(s).

- (803) 1 None
 2 1 room
 3 2 rooms
 4 3 or more rooms

131. Does each room in this house (apartment) have a working electric wall outlet (wall plug)?

- (808) 1 Yes
 2 No

132. Is all the wiring in this house (apartment) concealed in the walls or in metal coverings? Do not count appliance cords, extension cords or chandelier cords.

- (809) 1 Yes
 2 No

133a. Is it necessary to go through any bedroom to get to any bathroom?

- (810) 1 Yes
 2 No

b. Is it necessary to go through any bedroom to get to any other room?

- (811) 1 Yes
 2 No

CHECK ITEM HH

(See item 10, page 10) – Complete plumbing facilities

- Yes – Skip to Check Item II, page 47
- No – Ask 134a

134. Do you have piped water –
 a. In this building?

- (825) 1 Yes – Skip to Check Item II
 2 No

b. Available within ¼ mile?

- (845) 1 Yes
 2 No

Section XI – HOUSING QUALITY AND EQUIPMENT BREAKDOWN SUPPLEMENT – Continued

CHECK ITEM II	(See Check Item J, Part (I), page 21) Reference person lived here last 90 days <input type="checkbox"/> Yes – Ask 135a <input type="checkbox"/> No – Skip to Check Item KK, page 48	
135a. Have any electric fuses blown or breaker switches tripped in this house (apartment) in the last 90 days? _____	(816)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 136a
b. How many times did this happen? _____	(817)	1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more
136a. At any time in the last 90 days, have you seen any mice or rats, or signs of mice or rats in this house (building)? _____	(818)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to Check Item JJ
b. Is this house (building) serviced by an exterminator for mice or rats regularly, only when needed, irregularly, or not at all? _____	(819)	1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only when needed 3 <input type="checkbox"/> Irregularly 4 <input type="checkbox"/> Not at all
CHECK ITEM JJ	Part 1 (See item 8, page 1) <input type="checkbox"/> Regular interview – Go to part 2 <input type="checkbox"/> URE interview – Skip to 142a, page 48 Part 2 (See item 134a, page 46) – Piped water <input type="checkbox"/> Yes or blank – Ask 137a <input type="checkbox"/> No – Skip to 138a	
137a. At any time in the last 90 days, were you COMPLETELY without running water? _____	(826)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 138a
b. Were you completely without running water for 6 consecutive hours or more? _____	(827)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 138a
c. How many times? _____	(828)	1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more
d. What was the (most common) reason you were completely without water for 6 consecutive hours or more – was it because of problems inside the building or problems outside the building? _____	(829)	1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside
138a. At any time in the last 90 days was there a breakdown in your flush toilet or toilets, such that there were no usable toilets? _____	(830)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 139a, page 48
b. Did any of these breakdowns last 6 consecutive hours or more? _____	(831)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 139a, page 48
c. How many of these breakdowns were there? _____	(832)	1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 or more
d. What was the (most common) reason you were completely without the use of your flush toilet for 6 consecutive hours or more – was it because of problems inside the building or problems outside the building? _____	(833)	1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside

Section XI – HOUSING QUALITY AND EQUIPMENT BREAKDOWN SUPPLEMENT – Continued

139a. At any time in the last 90 days, was there a breakdown in your sewage disposal system such that it was completely unusable?	834 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to Check Item KK
b. Did any of these breakdowns last 6 consecutive hours or more?	835 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to Check Item KK 3 <input type="checkbox"/> Don't know
c. How many of these breakdowns were there?	836 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more

CHECK ITEM KK	(See Check Item J, part (2), page 22) Part (1) Reference person moved into this house (apartment) before February 1983 <input type="checkbox"/> Yes – Go to Part (2) below <input type="checkbox"/> No – Skip to 142a (See item 12, page 11) Part (2) Heating equipment <input type="checkbox"/> Unit has no heating equipment (box 9 marked) – Skip to 142a <input type="checkbox"/> All others – Ask 140a
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140a. During the time period of December 1982 through February 1983, was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or more?	837 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 141a
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b. How many times did that happen?	838 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 or more
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141a. During the time period of December 1982 through February 1983, did you completely close certain rooms for a week or longer because you couldn't get them warm? Include kitchen and bathroom(s).	839 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 142a
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b. Which rooms? <i>Mark all answers given</i>	840 1 <input type="checkbox"/> Living room * 2 <input type="checkbox"/> Dining room 3 <input type="checkbox"/> One or more bedrooms 4 <input type="checkbox"/> Other – Specify _____
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142a. Is there a basement in this house (building)? <i>(A basement is an enclosed space in which persons can walk upright under all or part of the building.)</i>	841 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to Check Item LL
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b. Does the basement show any signs of water having leaked in from the outside?	842 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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CHECK ITEM LL	(See item 8a, page 10) <input type="checkbox"/> Mobile home or trailer (no permanent room attached) – Skip to 145a, page 49 <input type="checkbox"/> All others – Ask 143
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143. Does the roof of this house (building) leak?	843 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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144. In view of all the things we have talked about, how would you rate this house (building) as a place to live – would you say it is excellent, good, fair, or poor?	844 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
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Section XII – NEIGHBORHOOD QUALITY SUPPLEMENT

NOTE – Ask all categories in 145a before asking 145b	NOTE – Ask 145b only for those categories in 145a which were answered "Yes"	
145a. The following questions are concerned with different aspects of your present neighborhood. Here is a list of conditions which many people have on their streets. Which, if any, do you have?	b. Does the (Condition) bother you?	c. Is it so objectionable that you would like to move from the neighborhood?
(1) Street (highway) noise?	(1) 3 <input type="checkbox"/> Yes – Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(2) Streets or roads continually in need of repair, or open ditches?	(2) 3 <input type="checkbox"/> Yes – Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(3) Neighborhood crime?	(3) 3 <input type="checkbox"/> Yes – Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(4) Trash, litter, or junk in the streets (roads), or on empty lots, or on properties in this neighborhood?	(4) 3 <input type="checkbox"/> Yes – Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(5) Boarded-up or abandoned structures?	(5) 3 <input type="checkbox"/> Yes – Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(6) Industries, businesses, stores, or other nonresidential activities?	(6) 3 <input type="checkbox"/> Yes – Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(7) Odors, smoke, or gas?	(7) 3 <input type="checkbox"/> Yes – Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
NOTE – Ask ALL categories in 146a before asking 146b	NOTE – Ask 146b only for those categories in 146a which were answered "No"	
146a. The following questions are concerned with neighborhood services. Do you have –	146b. Is the (Service) so unsatisfactory that you would like to move from the neighborhood?	
(1) Satisfactory police protection?	(908) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(909) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Satisfactory outdoor recreation facilities such as parks, playgrounds, or swimming pools?	(910) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(911) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Satisfactory hospitals or health clinics?	(912) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(913) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section XII – NEIGHBORHOOD QUALITY SUPPLEMENT – Continued

147a. Is there public transportation for this area?	(914) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 148a
b. Is it satisfactory?	(915) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
c. Does anyone in the household (Do you) use public transportation at least once a week?	(916) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
148a. Do you have satisfactory neighborhood shopping, that is grocery stores or drug stores?	(917) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to Check Item MM 3 <input type="checkbox"/> Don't know . . .
b. Are any of these stores within one mile of here?	(918) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

CHECK ITEM MM	<p>Part (1) (See item 8, page 1)</p> <input type="checkbox"/> Regular Interview – Go to part (2) below <input type="checkbox"/> URE Interview – Skip to 150 <p>Part (2) (See Control Card items 11c and 14)</p> <input type="checkbox"/> Household members 5 through 13 years of age – Ask 149a <input type="checkbox"/> No household members 5 through 13 years of age – Skip to 149b
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149a. Does your child (Do your children) attend a public elementary school or a private elementary school? (Mark all that apply.)	(919) * 1 <input type="checkbox"/> Public elementary school 2 <input type="checkbox"/> Private elementary school 3 <input type="checkbox"/> Other school 4 <input type="checkbox"/> Does not attend school
b. Is the public elementary school that children living at this address attend (would attend) satisfactory? (If more than one public elementary school, ask about the closest one to the area.)	(920) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
c. Is that public elementary school within one mile of here?	(921) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

150. In view of all the things we have talked about, how would you rate this neighborhood as a place to live – would you say it is excellent, good, fair, or poor?	(922) 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
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NOTES

NOTES

Section XIII – HOUSING NEEDS SUPPLEMENT

**CHECK
ITEM NN**

Part (1) – (See CC items 11c, 14 and 17)

- Unit contains female household member(s), 35 years of age or older
(Y circled in item 11c, 35 or over in item 14 and F circled in item 17) – Go to Part 2
- All others – Skip to Check Item 00, page 54

Part (2) – Transcribe the line number for all eligible persons from CC item 10 to 151a, 152a, 153a and 154a as needed. Then read the introduction.

INTRODUCTION

The following questions are about changing household sizes. As children grow up and leave home, the parents housing needs may also change.

<p>151a. Line number (CC item 10)</p> <p>_____</p>	<p>(645) <input type="text"/> <input type="text"/> Line number</p>
<p>b. Has . . . raised any children to adulthood?</p> <p>_____</p>	<p>(646) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to interviewer instruction below 3 <input type="checkbox"/> OFFICE USE ONLY</p>
<p>c. How many children was that?</p> <p>_____</p>	<p>(647) <input type="text"/> <input type="text"/> Number of children</p>
<p>d. Have any of them (has that child) left home? (ONLY include children away attending school if they live there year round.)</p>	<p>(648) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to interviewer instruction below</p>
<p>e. (Of the children who have left home,) how long ago did (the last one) he/she leave? (Read answer categories)</p>	<p>(649) 1 <input type="checkbox"/> Within the last year 2 <input type="checkbox"/> More than 1 but less than 3 years ago 3 <input type="checkbox"/> 3 years to less than 5 years ago 4 <input type="checkbox"/> 5 years to less than 10 years ago 5 <input type="checkbox"/> 10 years ago or more</p>

**INTERVIEWER
INSTRUCTION**

➡ If not the last female household member 35 years of age or older – Complete items 152b–e for next eligible person.
If last eligible person – Go to Check Item 00, page 54

<p>152a. Line number (CC item 10)</p> <p>_____</p>	<p>(650) <input type="text"/> <input type="text"/> Line number</p>
<p>b. Has . . . raised any children to adulthood?</p> <p>_____</p>	<p>(651) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to interviewer instruction below 3 <input type="checkbox"/> OFFICE USE ONLY</p>
<p>c. How many children was that?</p> <p>_____</p>	<p>(652) <input type="text"/> <input type="text"/> Number of children</p>
<p>d. Have any of them (has that child) left home? (ONLY include children away attending school if they live there year round.)</p>	<p>(653) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to interviewer instruction below</p>
<p>e. (Of the children who have left home,) how long ago did (the last one) he/she leave? (Read answer categories)</p>	<p>(654) 1 <input type="checkbox"/> Within the last year 2 <input type="checkbox"/> More than 1 but less than 3 years ago 3 <input type="checkbox"/> 3 years to less than 5 years ago 4 <input type="checkbox"/> 5 years to less than 10 years ago 5 <input type="checkbox"/> 10 years ago or more</p>

**INTERVIEWER
INSTRUCTION**

➡ If not the last female household member 35 years of age or older – Complete items 153b–e for next eligible person.
If last eligible person – Go to Check Item 00, page 54

Section XIII – HOUSING NEEDS SUPPLEMENT – Continued

153a. Line number (CC item 10)	(655) <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> Line number
b. Has . . . raised any children to adulthood?	(656) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to interviewer instruction below 3 <input type="checkbox"/> OFFICE USE ONLY
c. How many children was that?	(657) <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> Number of children
d. Have any of them (has that child) left home? <i>(ONLY include children away attending school if they live there year round.)</i>	(658) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to interviewer instruction below
e. (Of the children who have left home,) how long ago did (the last one) he/she leave? <i>(Read answer categories)</i>	(659) 1 <input type="checkbox"/> Within the last year 2 <input type="checkbox"/> More than 1 but less than 3 years ago 3 <input type="checkbox"/> 3 years to less than 5 years ago 4 <input type="checkbox"/> 5 years to less than 10 years ago 5 <input type="checkbox"/> 10 years ago or more

INTERVIEWER INSTRUCTION If not the last female household member 35 years of age or older – Complete items 154b–e for next eligible person.
If last eligible person – Go to Check Item 00, page 54

154a. Line number (CC item 10)	(660) <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> Line number
b. Has . . . raised any children to adulthood?	(661) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to Check Item 00, page 54 3 <input type="checkbox"/> OFFICE USE ONLY
c. How many children was that?	(662) <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> Number of children
d. Have any of them (has that child) left home? <i>(ONLY include children away attending school if they live there year round.)</i>	(663) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to Check Item 00, page 54
e. (Of the children who have left home,) how long ago did (the last one) he/she leave? <i>(Read answer categories)</i>	(664) 1 <input type="checkbox"/> Within the last year 2 <input type="checkbox"/> More than 1 but less than 3 years ago 3 <input type="checkbox"/> 3 years to less than 5 years ago 4 <input type="checkbox"/> 5 years to less than 10 years ago 5 <input type="checkbox"/> 10 years ago or more

NOTES

Section XIV – SUPPLEMENTAL ITEMS

**CHECK
ITEM 00**

Part (1) (See item 8a, page 10)

- One unit structure or mobile home (box 1, 2, 3 marked) – Skip to 159
- Two or more unit structure (box 4–9 marked) – Go to part 2

Part (2) (See Check Item B, page 12)

- Rented for cash (box 8 marked) – Ask 155a
- Occupied without payment of cash rent (box 11 marked) – Ask 155a
- All others – Skip to 156a

155a. Does the owner of this building live on this property?

- (631)** 1 Yes – Skip to 156a
 2 No
 3 Don't know

b. Is there a resident manager, superintendent, or janitor who lives on this property?

- (632)** 1 Yes
 2 No
 3 Don't know

156a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?

- (633)** 1 Yes
 2 No
 3 No common stairways – Fill item 157a

b. Are all stair railings firmly attached?

- (634)** 1 Yes
 2 No
 3 No stair railings

OBSERVATION

157a. Do the public halls in this building have light fixtures?

- (635)** 1 Yes
 2 No } Skip to 158
 3 No public halls

OBSERVATION

b. Are the light fixtures in working order?

- (636)** 1 All in working order
 2 Some in working order
 3 None in working order

OBSERVATION

158. How many stories (floors) are there from the main entrance of the building to the main entrance of the apartment?

- (637)** 1 None, on same floor
 2 One (up or down)
 3 Two or more (up or down)

OBSERVATION

159. Are there abandoned buildings on this street?

- (638)** 1 Yes, one
 2 Yes, more than one
 3 No

OBSERVATION

160. What is the condition of streets and roads in this neighborhood?

- (639)** 1 No repairs needed
 2 Minor repairs needed
 3 Major repairs needed

OBSERVATION

161. Is there trash, litter, or junk in the streets (roads), or on empty lots, or on properties in this neighborhood?

- (640)** 1 None
 2 Minor accumulation
 3 Moderate accumulation
 4 Heavy accumulation

NOTES

Section XIV – SUPPLEMENTAL ITEMS – Continued

**CHECK
ITEM PP**

(See items 8, 9a and b, page 1)

- Regular or URE Interview – Fill 162a
- Vacant Interview – Fill 162a
- Type A – Go to Control Card item 39
- Type B – Enclose completed AHS-397 and go to Control Card item 39

162a. Was this interview conducted by personal visit or telephone?

- 641**
- 1 Personal visit – Fill item 162b
 - 2 Telephone – Skip to Check Item QQ

b. Why was a personal interview conducted for this unit?

- 642**
- 1 Unit in panel 2, 4, or 6
 - Unit in panel 1, 3, or 5 AND
 - 2 Unit is in sample for first time this enumeration period
 - 3 Unit was a noninterview last enumeration period
 - 4 Unit in a TA special place
 - 5 Unit was vacant last enumeration period and now is occupied
 - 6 Replacement household discovered
 - 7 Address contacted is not exact address entered in control card item 5a (or label)
 - 8 No one answered repeated calls at different times of day and evening
 - 9 Wrong telephone number
 - 10 No telephone number recorded in control card item 38b
 - 11 Refused telephone interview
 - 12 Other – Specify

**CHECK
ITEM QQ**

(See item 8, page 1)

- Regular or URE Interview – Go to Control Card item 38a
- Vacant Interview – Go to Control Card item 39

NOTES

Section XV – CINCH SUPPLEMENT

CHECK
ITEM RR

Part (1)

- 665 1 AHS-400 NOT received for this segment – END SUPPLEMENT
 AHS-400 received for this segment – Go to Part (2) below

Part (2) (See label or item 2, page 1)

- F1 sample code
 Code 1 marked on AHS-400
- 665 4 1983 serial number same as 1973 serial number – END SUPPLEMENT
 5 1983 serial number different from 1973 serial number – Skip to item 164
- 665 2 Code 2 marked on AHS-400 – Skip to item 163
 (Reminder – Also mark this code on ALL questionnaires completed for FI units involved in a conversion or merger with a 1973 unit listed on the AHS-400.)
- 3 Unit added since 1973 – END SUPPLEMENT (Do NOT mark for a unit resulting from a conversion or merger with a unit listed on the AHS-400)
- F2 sample code
- 665 2 Unit involved with a conversion or merger with a unit listed on the AHS-400 – Skip to item 163
 3 Unit NOT involved in a conversion or merger with a unit listed on the AHS-400 – END SUPPLEMENT

163. Enter year of change (from column (6) of the the AHS-400).

- 666 1 1981–1983
 2 1979–1980
 3 1976–1978
 4 1974–1975
 5 1973 or earlier } END SUPPLEMENT

164. Enter 1973 serial number (from column (2) of AHS-400).

1973 Serial No.
 667 END SUPPLEMENT

OFFICE
USE
ONLY

a. 923

b. 924

c. 925

NOTES