

FORM **AHS-62**
(3-15-84)

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

**AMERICAN HOUSING SURVEY
METROPOLITAN SAMPLE
1984
OCCUPIED UNITS**

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.

1. Control number

410

PSU Segment Serial Sample Panel

F

2a. Date of first visit

0010	Month	Day	Year

b. Interviewer name

c. Interview method

0015 1 Personal visit
2 Telephone interview

3. Check Item (See Control Card item 6.)

- Control number in sample last enumeration period — *Fill item 4*
- Control number in sample for first time this enumeration period — *Skip to item 6*

4. (See Control Card items 11 and 14.)
Are any household members (or persons if unit was URE) as last enumeration period?

0020 1 Yes
2 No
3 Don't know

5. Is this the same (house/apartment/mobile home) as last enumeration period?

0030 1 Yes
2 No, for example, replacement mobile home, wrong unit interviewed last time, etc.

6. Type of interview

0040 1 Regular occupied — (One or more "1's" in Control Card item 14) — *Go to item 20, page 3*
2 URE occupied — (All "2's" in Control Card item 14) — *Go to item 124, page 32*
4 Type A noninterview

7. Type A noninterview reason

0050 01 No one home
02 Temporarily absent
03 Refused
04 Unable to locate
05 Other occupied — *Specify* _____

8. Occupancy status for Type A noninterviews

0060 1 Occupied as a usual residence by at least one person
2 All occupants have a usual residence elsewhere
3 Don't know

9. Mortgage information (See item 94, page 19)

0070 1 Callback not required
 Callback required →
2 Information obtained
3 Unable to obtain information — *Explain*

10. Unit measurement (See item 178, page 44)

0125 1 Callback not required
 Callback required →
2 Information obtained
3 Unable to obtain information — *Explain*

11–13. WASHINGTON USE ONLY

14a. Is there any information for this sample unit which should be reviewed prior to data keying?

0135 1 Review not required
 Review required

Notes

b. OFFICE USE ONLY

0135 2 Review completed

15. OFFICE USE ONLY

a. EDIT FOLLOWUP REQUIRED →

0136 Page Item

0137 Page Item

0138 Page Item

b. SOURCE OF RESOLUTION

0140 1 Respondent
2 Interviewer
3 Regional Office staff
4 Washington
5 Other — *Specify* _____

16. OFFICE USE ONLY

0141 Editor's code

0142 Verifier's code

17. Address correction

510

First address line

Second address line

Place or city State ZIP Code

18–19. WASHINGTON USE ONLY

Notes

Notes

REGULAR OCCUPIED

<p>MARK OR ASK —</p> <p>20. Are your living quarters in a — (Read answer categories.)</p>	<p align="center">6 11 ↓</p> <p>1120 1 <input type="checkbox"/> Mobile home? 2 <input type="checkbox"/> One-unit building detached from any other building? 3 <input type="checkbox"/> One-unit building attached to one or more buildings? — Skip to item 22a 4 <input type="checkbox"/> Building with two or more apartments? — Skip to item 21b</p>
<p>21a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?</p>	<p>1130 1 <input type="checkbox"/> Yes — Fill Table X on Control Card, then go to item 21b 2 <input type="checkbox"/> No — Skip to item 23 and mark box 1 or 4</p>
<p>b. How many apartments are in the (building/mobile home)?</p>	<p>1140 _____ Number — Skip to item 23 and mark box 3 or 5</p>
<p>22a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?</p>	<p>1150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to item 22c 3 <input type="checkbox"/> Don't know</p>
<p>b. How many (houses/apartments) share the attic or basement?</p>	<p>1160 _____ Number — If one, reask item 22a and correct entry. If more than one, skip to item 23 and mark box 3.</p>
<p>c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?</p>	<p>1170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to item 22e 3 <input type="checkbox"/> Don't know</p>
<p>d. How many (houses/apartments) share the furnace or boiler?</p>	<p>1180 _____ Number — If one, reask item 22c and correct entry. If more than one, skip to item 23 and mark box 3.</p>
<p>e. Are there any occupied or vacant apartments besides your own in the building?</p>	<p>1190 1 <input type="checkbox"/> Yes — Fill Table X on Control Card, then go to item 22f 2 <input type="checkbox"/> No — Skip to item 23 and mark box 2</p>
<p>f. How many apartments are in the building?</p>	<p>1200 _____ Number — If one, reask item 22e and correct entry. If more than one, go to item 23 and mark box 3.</p>
<p>23. Number of units in building based on entries in items 20–22.</p>	<p>1210 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> One-unit building—detached 2 <input type="checkbox"/> One-unit building—attached 3 <input type="checkbox"/> Two-or-more-unit building } Skip to item 25a 4 <input type="checkbox"/> One-unit mobile home 5 <input type="checkbox"/> Two-or-more-unit mobile home</p>
<p>24. Is the house built — (Read answer categories until a "yes" reply is received.)</p>	<p>1220 1 <input type="checkbox"/> With a basement under all the building? 2 <input type="checkbox"/> With a basement under part of the building? 3 <input type="checkbox"/> With a crawl space? 4 <input type="checkbox"/> On a concrete slab? 5 <input type="checkbox"/> In some other way? — Specify ↓</p>
<p>25a. Is the (house/apartment) part of a cooperative or condominium?</p>	<p>1230 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Yes, cooperative 2 <input type="checkbox"/> Yes, condominium } SKIP to item 26a, page 4 3 <input type="checkbox"/> No</p>
<p>b. Do you mean the building is owned by a corporation whose shareholders have a right to occupy or rent out an individual unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 25a and correct entry</p>

Notes

REGULAR OCCUPIED – Continued

26a. How many of each of the following rooms does the (house/apartment) have?
(For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "None" for all other rooms.)

(1) Bedrooms? _____ Number

o None

(2) Full bathrooms?
(Hot and cold piped water AND sink AND flush toilet AND bathtub or shower)

_____ Number

o None

(3) Half bathrooms?
(Toilet OR bathtub OR shower)

_____ Number

o None

(4) Kitchens?

_____ Number

o None

(5) Living rooms?

_____ Number

o None

(6) Dining rooms?

_____ Number → **Is it a separate room?**

o None

1 Yes
 2 No – *Correct entry for number of dining rooms*

b. Are there any other rooms?
(Exclude halls, foyers, pantries, garages, porches or areas that aren't separated by a built-in, floor-to-ceiling wall extending at least a few inches into room.)

1 Yes
 2 No – *Skip to item 27*

c. What are they?

_____ Number of family rooms, dens, recreation rooms and/or libraries
 o None

_____ Number of rooms that are business space with direct access to outside
 o None

_____ Number of other rooms, finished or unfinished
 o None

27. Does the (house/apartment) have a sink with piped water?
(Any sink that hasn't been counted in a bathroom above)
(For this household's use only)

1 Yes
 2 No

28. Check Item (See item 26a.)

- One or more full bathrooms – *Skip to item 30a*
- No full bathrooms – *Ask item 29a*

29a. Does the (house/apartment) have a bathtub or shower for this household's use only?

1 Yes
 2 No

b. Does the (house/apartment) have a flush toilet for this household's use only?

1 Yes
 2 No – *Skip to item 31a, page 5*

30a. In the last 3 months, was there any time when all the toilets in the home were not working?

(While household was living here if less than 3 months)

1 Yes
 2 No toilet breakdowns – *Skip to item 31a, page 5*

b. How many of these breakdowns lasted 6 hours or more?

_____ Number of toilet breakdowns lasting 6 hours or more
 o No toilet breakdowns lasting 6 hours

REGULAR OCCUPIED – Continued

31a. Is all the wiring in the finished areas of your home concealed in walls or metal coverings? <i>(Exclude appliance cords, extension cords, chandelier cords, telephone or antenna wires.)</i>	1390	<input type="checkbox"/> Yes, concealed <input type="checkbox"/> No <input type="checkbox"/> No electrical wiring — <i>Skip to item 32a</i>
b. Does every room have an electric outlet or wall plug that works?	1400	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have any fuses blown or circuit breakers tripped in the last 3 months? <i>(For the home)</i> <i>(While household was living here if less than 3 months)</i>	1410	<input type="checkbox"/> Yes <input type="checkbox"/> No } <i>Skip to item 32a</i> <input type="checkbox"/> Don't know
d. How many times in the last 3 months?	1420	_____ Number

32a. Has water leaked into your home from outdoors in the last 12 months? <i>(Exclude plumbing or other inside leaks.)</i> <i>(While household was living here if less than 12 months)</i>	1430	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>Skip to item 32c</i>
b. Where did the water come in? <i>(Mark all that apply.)</i>	1440	<input type="checkbox"/> Roof * <input type="checkbox"/> Basement <input type="checkbox"/> Walls or around closed windows or closed doors <input type="checkbox"/> Other — <i>Specify</i> _____
c. Have there been water leaks in the (house/apartment) from INSIDE the building in the last 12 months? <i>(While household was living here if less than 12 months)</i>	1450	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>Skip to item 33a</i>
d. Where did the water come from? <i>(Mark all that apply.)</i>	1460	* <input type="checkbox"/> Own plumbing fixtures backed up and/or overflowed <input type="checkbox"/> Pipes leaked <i>(Include pipe leaks from other apartments.)</i> <input type="checkbox"/> Other or unknown — <i>Specify</i> _____

33a. Does the (house/apartment) have hot and cold piped water? <i>(For this household's use only)</i>	1470	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>Skip to item 34a</i>
b. What fuel is used MOST to heat the water?	1480	<input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Fuel oil <input type="checkbox"/> Kerosene or other liquid fuel <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Solar energy <input type="checkbox"/> Other — <i>Specify</i> _____
c. Was your home ever completely without running water in the last 3 months? <i>(While household was living here if less than 3 months)</i>	1490	<input type="checkbox"/> Yes <input type="checkbox"/> No water stoppage — <i>Skip to item 34a</i>
d. How many times was it not available for 6 hours or more?	1500	_____ Water stoppages lasting 6 hours or more <input type="checkbox"/> None lasted 6 hours

34a. Does water for your home come from a public or private system, an individual well, or some other source? <i>(Mark first category that applies.)</i>	1510	<input type="checkbox"/> Public or private water system — <i>Skip to item 35a, page 6</i> <input type="checkbox"/> Individual well — <i>Ask item 34b</i> <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Stream or lake <input type="checkbox"/> Bottled water } <i>Skip to item 35a, page 6</i> <input type="checkbox"/> Other — <i>Specify</i> _____
b. How many (houses/apartments) does the well serve?	1520	<input type="checkbox"/> Only this house <input type="checkbox"/> 2 to 5 <input type="checkbox"/> 6 or more
c. Is the well drilled or dug?	1530	<input type="checkbox"/> Drilled <input type="checkbox"/> Dug

REGULAR OCCUPIED — Continued

35a. Is the (house/apartment) connected to a public sewer?	1540	1 <input type="checkbox"/> Yes — Skip to item 35d 2 <input type="checkbox"/> No
b. What means of sewage disposal does the (house/apartment) have?	1550	1 <input type="checkbox"/> Septic tank or cesspool — Ask item 35c 2 <input type="checkbox"/> Chemical toilet 3 <input type="checkbox"/> Outhouse or privy 4 <input type="checkbox"/> Other — Specify _____ 5 <input type="checkbox"/> None
c. How many (houses/apartments) are connected to the (septic tank/cesspool)?	1560	1 <input type="checkbox"/> One 2 <input type="checkbox"/> 2 to 5 3 <input type="checkbox"/> 6 or more
d. Did the sewage system break down in the last 3 months? (So that it was completely unusable) (While household was living here if less than 3 months)	1570	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No sewage breakdowns — Skip to item 36a
e. How many of these breakdowns lasted 6 hours or more?	1580	_____ Sewage breakdowns lasting 6 hours or more 0 <input type="checkbox"/> None lasted 6 hours
36a. Does your (house/apartment) have a refrigerator? (For this household's use only) (Exclude ice boxes)	1590	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 37a
b. Is it more than 5 years old? (Age of newest if two or more)	1600	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
37a. Does your (house/apartment) have a garbage disposal in the sink?	1610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 38a
b. Is it more than 5 years old?	1620	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
38a. Does your (house/apartment) have a cookstove or range with an oven? (For this household's use only) (Include microwaves. Exclude toaster-ovens and portable burners.)	1630	1 <input type="checkbox"/> Yes — Skip to item 38c 2 <input type="checkbox"/> No
b. Does your (house/apartment) have — (For this household's use only)		
(1) an oven? (Include microwaves) (Exclude toaster-ovens)	1640	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) cooking burners? (Exclude portable burners)	1650	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. (Is it/Are they) more than 5 years old? (Age of newest if two or more)	1660	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. What fuel is used MOST for cooking?	1670	1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Kerosene or other liquid fuel 4 <input type="checkbox"/> Coal or coke 5 <input type="checkbox"/> Wood 6 <input type="checkbox"/> Other — Specify _____ 7 <input type="checkbox"/> No fuel used
39a. Does your (house/apartment) have a dishwasher?	1690	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 40a, page 7
b. Is it more than 5 years old?	1700	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

}

Skip to item 36a

}

If both are "No," skip to item 39a

REGULAR OCCUPIED — Continued

40a. Does your (house/apartment) have a clothes washer (- - - - / in the apartment)?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1710</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to item 41a</i> </div> </div>
b. Is it more than 5 years old?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1720</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> </div>
41a. Does your (house/apartment) have a clothes dryer (- - - - / in the apartment)?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1730</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to item 42a</i> </div> </div>
b. Is it more than 5 years old?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1740</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> </div>
c. What kind of fuel does the dryer use?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1750</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other — <i>Specify</i> _____ </div> </div>
42a. Does your (house/apartment) have central air conditioning?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1760</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to item 42c</i> </div> </div>
b. What kind of fuel does it use?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1770</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other — <i>Specify</i> _____ </div> <div style="font-size: 3em; margin-left: 10px; line-height: 1;">}</div> <div style="margin-left: 10px; vertical-align: middle;"> <i>Skip to item 43a</i> </div> </div>
c. Do you use any room air conditioners?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1780</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to item 43a</i> </div> </div>
d. How many?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1790</div> <div style="margin-left: 10px;"> _____ Number </div> </div>
43a. What fuel is used MOST for heating the (house/apartment)?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1800</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other — <i>Specify</i> _____ 9 <input type="checkbox"/> None — <i>Skip to item 44, page 8</i> </div> </div>
b. Besides (Fuel marked in item 43a) what other fuel is used for heating the (house/apartment)? <i>(Mark all that apply.)</i>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">1810</div> <div style="margin-left: 10px;"> * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1820</div> <div style="margin-left: 10px;"> * 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other — <i>Specify</i> _____ 9 <input type="checkbox"/> None </div> </div>

Notes

REGULAR OCCUPIED – Continued

44. Does the (house/apartment) have a usable fireplace?

- 1830** 1 Yes
2 No

PLEASE LOOK AT THIS CARD.

45. What type of heating equipment is used MOST to heat the (house/apartment)?

- 1840** 1 A central warm-air furnace (with air vents or ducts to the individual rooms)
2 Steam or hot-water system (radiators or other system using steam or hot water)
3 Electric heat pump
4 Other built-in electric units (permanently installed in wall, ceiling, or baseboards)
5 Floor, wall, or other built-in hot-air heater without ducts
6 Room heaters – (Is it /Are they) –
7 **Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes?**
8 **UNVENTED gas, oil, or kerosene heaters?**
9 **Portable electric heaters?**
10 Stove(s)
11 Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)
12 Fireplace(s) with NO inserts
13 Other – Specify _____
14 None – Skip to item 48a, page 9

46a. What other kinds of heating equipment does the (house/apartment) have?

b. Anything else?

(Mark all that apply)

- 1850** * 1 A central warm-air furnace (with air vents or ducts to the individual rooms)
2 Steam or hot-water system (radiators or other system using steam or hot water)
3 Electric heat pump
4 Other built-in electric units (permanently installed in wall, ceiling, or baseboards)
5 Floor, wall, or other built-in hot-air heater without ducts
6 Room heaters – (Is it /Are they) –
7 **Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes?**
8 **UNVENTED gas, oil, or kerosene heaters?**
9 **Portable electric heaters?**
10 Stove(s)
11 Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)
12 Fireplace(s) with NO inserts
13 Other – Specify _____
14 None

Notes

REGULAR OCCUPIED – Continued

47a. Last winter was there any time when the (house/apartment) was so cold for 24 hours or more that it caused anyone in your household discomfort? 1880 1 Yes
 2 No } *Skip to item 48a*
 3 Did not live here last winter

b. Was that because the heating equipment broke down? 1890 1 Yes
 2 No, didn't break down — *Skip to item 47e*

c. How many times did (it/they all) break down for 6 hours or more? 1900 _____ Number of breakdowns lasting 6 hours or more
 0 Never broken for 6 hours

d. Was it cold for any other reason? 1910 1 Yes
 2 No — *Skip to item 48a*

e. What was the reason? 1920 1 Utility interruption
 2 Inadequate heating capacity
 3 Other — *Specify* _____

48a. Does the (house/apartment) have a porch, deck, balcony, or patio measuring at least four feet by four feet? 1930 1 Yes
 2 No
(Exclude if already counted as a room)

b. Does the (house/apartment) have open cracks or holes in the inside walls or ceilings? 1940 1 Yes
 2 No
(Cracks thicker than a dime)

c. Does the (house/apartment) have holes in the floors? 1950 1 Yes
 2 No
(Big enough for someone to trip in)

d. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? 1960 1 Yes
 2 No
(The size of a weekly news magazine or standard letter)

e. Have you seen any rats or signs of rats in the building in the last 3 months? 1970 1 Yes
 2 No

49. On a scale of 1 to 10, how would you rate the (house/apartment) as a place to live? 10 is best, 1 is worst. 1980 _____

50a. How would you rate the neighborhood on a scale of 1 to 10? 10 is best, 1 is worst. 1990 _____
(Mark "No neighborhood," if respondent volunteers this answer.) 0 No neighborhood — *Skip to item 51a, page 10*

b. Is there anything about the neighborhood that bothers you? 2000 1 Yes
 2 No — *Skip to item 51a, page 10*

c. What?
(Write exact words and mark all that apply.) _____

- 2010 1 No problem
 * 2 Crime
 3 Noise
 4 Traffic
 5 Litter or housing deterioration
 6 Poor city/county services
2020 7 Undesirable commercial, institutional, or industrial property
 * 8 People
 9 Other

REGULAR OCCUPIED – Continued

51. Check Item
Mark first box that applies.

- a.** (See Control Card item 25)
- Respondent moved here after 1979 – Ask item 52a
 - Other(s) moved here after 1979 – Skip to item 59, page 11
 - All moved in 1979 or earlier – Go to item 51b
-
- b.** (See Control Card item 8b)
- Owned – Skip to item 73a, page 15
 - Rented – Skip to item 64a, page 14
 - No cash rent – Skip to item 64c, page 14

52a. What are the reasons you moved from your last (house/apartment)?
(Mark all that apply.)

- | | |
|------|---|
| 2030 | 1 <input type="checkbox"/> A private company or person wanted to use it for some purpose. |
| * | 2 <input type="checkbox"/> Forced to leave by the government |
| | 3 <input type="checkbox"/> Disaster loss (fire, flood, etc.) |
| | 4 <input type="checkbox"/> New job or job transfer |
| | 5 <input type="checkbox"/> To be closer to work/school/other |
| | 6 <input type="checkbox"/> Other, financial/employment related |
| 2040 | 7 <input type="checkbox"/> To establish own household |
| * | 8 <input type="checkbox"/> Needed larger house or apartment |
| | 9 <input type="checkbox"/> Married, widowed, divorced or separated |
| 2050 | 10 <input type="checkbox"/> Other, family/personal related |
| * | 11 <input type="checkbox"/> Wanted better quality house (apartment) |
| | 12 <input type="checkbox"/> Change from owner to renter OR renter to owner |
| 2060 | 13 <input type="checkbox"/> Wanted lower rent or less expensive house to maintain |
| * | 14 <input type="checkbox"/> Other housing related reasons |
| | 15 <input type="checkbox"/> Other – Specify _____ |

b. MARK OR ASK –
What is the MAIN reason you moved?

- | | |
|------|--|
| 2070 | _____ Number from item 52a |
| | 0 <input type="checkbox"/> All reasons of equal importance |

53. Check Item (Mark first that applies.)

- Box 1 marked in item 52a – Ask item 54a
- Box 2 marked in item 52a – Skip to item 54b
- Boxes 1 and 2 blank in item 52a – Skip to item 54c

54a. Did you leave –
(1) Because the owner, or members of the owner's family were going to move into that (house/apartment)?

- | | |
|------|--|
| 2080 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No |

(2) Because that unit was going to become a condominium or cooperative?

- | | |
|------|--|
| 2090 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No |

(3) Because that (house/apartment) was closed for repairs?

- | | |
|------|--|
| 2100 | 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No } |

b. Did you leave –
(1) Because the government wanted to use the land or building for some other purpose?

- | | |
|------|--|
| 2110 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No |

(2) Because that (house/apartment) was condemned by the government as unfit for occupancy?

- | | |
|------|--|
| 2120 | 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No } |

c. In addition to the reasons given, did you leave –
(1) Because a private company or person wanted to use it for some purpose?

- | | |
|------|---|
| 2130 | 1 <input type="checkbox"/> Yes – Ask (2) |
| | 2 <input type="checkbox"/> No – Skip to (5) |

(2) Was that because the owner or members of the owner's family were going to move into that (house/apartment)?

- | | |
|------|--|
| 2140 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No – Ask (3) |

(3) Because it was going to be a condominium or cooperative?

- | | |
|------|--|
| 2150 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No – Ask (4) |

(4) Because it was closed for repairs?

- | | |
|------|--|
| 2160 | 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No } |

(5) Because the government forced you to leave?

- | | |
|------|---|
| 2170 | 1 <input type="checkbox"/> Yes – Ask (6) |
| | 2 <input type="checkbox"/> No – Skip to item 55a, page 11 |

(6) Was that because the government wanted to use the land or building for some other purpose?

- | | |
|------|--|
| 2180 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
| | 2 <input type="checkbox"/> No – Ask (7) |

(7) Because it was condemned by the government as unfit for occupancy?

- | | |
|------|--------------------------------|
| 2190 | 1 <input type="checkbox"/> Yes |
| | 2 <input type="checkbox"/> No |

REGULAR OCCUPIED – Continued

55a. When you were going to move, did you look for a (house/apartment) in any neighborhood other than this?

- 2200 1 Yes
2 No

b. Why did you choose this NEIGHBORHOOD?

(Write exact words and mark all that apply.)

- 2210 1 Convenient to job
* 2 Convenient to friends or relatives
3 Convenient to leisure activities
4 Convenient to public transportation
5 Good schools
6 Other public services
2220 7 Looks/design of neighborhood
* 8 Neighborhood doesn't matter, best/most affordable house
9 Other

MARK OR ASK –

c. What is the MAIN reason you chose this neighborhood?

- 2230 _____ Box number from item 55b
0 All reasons of equal importance

56a. Before you moved, did you look at both (houses/mobile homes) and apartments?

- 2240 1 Yes
2 No
3 Looked at only this unit

b. Why did you choose this particular (house/apartment)?

(Mark all that apply.)

- 2250 1 Financial reasons
* 2 Room layout/design
3 Kitchen
4 Size
5 Exterior appearance
6 Yard/trees/view
2260 7 Quality of construction
* 8 Other – Specify _____

MARK OR ASK –

c. What is the MAIN reason you chose this (house/apartment)?

- 2270 _____ Box number from item 56b
0 All reasons of equal importance

57. Is this neighborhood better, worse, or about the same as your last neighborhood?

- 2280 1 Better
2 Worse
3 About the same
4 Same neighborhood

58. Is this (house/apartment) better, worse, or about the same as your last home?

- 2290 1 Better
2 Worse
3 About the same

59. Check Item (See Control Card item 25.)

- Only one person moved in after 1979 – Skip to item 61b, page 12
 Two or more persons moved in after 1979 – Ask item 60a

60a. Earlier you told me that ... and ... moved into the (house/apartment) after 1979. Did all of (you/them) move here from the same previous residence?

- 2300 1 Yes
2 No – Ask item 61a, page 12

b. INTERVIEWER INSTRUCTION (See Control Card item 26.)

If all moved in within a 6-month period – Skip to item 61b, page 12.

If people moved in more than 6 months apart – Put them in separate groups in item 61a and ask item 61b–m for each group.

Notes

REGULAR OCCUPIED — Continued

61a. Which people moved here from the same previous residence?

Enter line numbers of all people who come from first home mentioned under Group 1, the line numbers of all people who come from the second home mentioned under Group 2, etc. If people moved from same previous residence but more than 6 months apart, put them in separate groups.

~ 6 14 ↓

GROUP 1

Line numbers

2310

2320

2330

b. What city, county, and State did (. . . (Specify names for line numbers in item 61a) /you/they) live in just before moving here?

2340

Outside U.S. — Skip to item 61n

~ 7 14 ↓

City or place

County

State

c. What was the ZIP Code?

ZIP Code

2350

Office use only

d. Did (you/they) live inside the incorporated limits of (City above)?

2360

- 1 Yes
- 2 No or not incorporated place
- 3 Don't know

e. Enter zone number or hand respondent zone map and ask — This map is divided into zones. Which zone did . . . , . . . , and . . . live in just before moving here?

(If necessary, obtain any other information needed to locate on map.)

2370

Zone code
 _____ Zone alpha (if any)
 00 Off map

f. Was that residence — (Read answer categories.)

~ 6 14 ↓

2380

- 1 **A house?**
- 2 **An apartment?**
- 3 **A mobile home?**
- 4 **Or some other type of residence? — Skip to item 62, page 14.**

g. Was that home — (Read answer categories.)

2390

- 1 **Owned or being bought by someone in that household?**
- 2 **Rented for cash?**
- 3 **Occupied without payment of cash rent?**

h. Was that part of a cooperative or condominium?

2400

- 1 Yes, cooperative
 - 2 Yes, condominium
 - 3 No
- } Skip to item 61j

i. Do you mean the building was owned by a corporation whose shareholders have a right to occupy or rent out an individual unit?

- Yes
- No — Reask item 61h and correct entry

j. How many people lived in that household just before the move?

2410

_____ — If one, skip to item 61m; if more than one, ask item 61k

k. Was that home (owned/ rented) by someone who moved here?

2420

- 1 Yes — Skip to item 61m
- 2 No

l. Was it (owned/rented) by a relative?

2430

- 1 Yes
- 2 No

m. When . . . , . . . , and . . . moved, did (your/their) housing costs increase, decrease, or stay about the same, including utilities and (mortgage/rent)?

(Compare their share, if not whole household)

2440

- 1 Increased
- 2 Stayed about same
- 3 Decreased
- 4 Don't know

n.

Go to next mover group. If none, go to item 62, page 14.

REGULAR OCCUPIED – Continued

~6 15↓ GROUP 2	~6 16↓ GROUP 3	~6 17↓ GROUP 4
Line numbers	Line numbers	Line numbers
2310	2310	2310
2320	2320	2320
2330	2330	2330
2340	2340	2340
<input type="checkbox"/> Outside U.S. — Skip to item 61n	<input type="checkbox"/> Outside U.S. — Skip to item 61n	<input type="checkbox"/> Outside U.S. — Skip to item 61n
~7 15↓	~7 16↓	~7 17↓
City or place	City or place	City or place
County	County	County
State	State	State
ZIP Code	ZIP Code	ZIP Code
2350 Office use only	2350 Office use only	2350 Office use only
2360	2360	2360
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know
2370	2370	2370
Zone code Zone alpha (if any) <input type="checkbox"/> Off map	Zone code Zone alpha (if any) <input type="checkbox"/> Off map	Zone code Zone alpha (if any) <input type="checkbox"/> Off map
~6 15↓	~6 16↓	~6 17↓
2380	2380	2380
1 <input type="checkbox"/> A house? 2 <input type="checkbox"/> An apartment? 3 <input type="checkbox"/> A mobile home? 4 <input type="checkbox"/> Or some other type of residence? — Skip to item 62, page 14.	1 <input type="checkbox"/> A house? 2 <input type="checkbox"/> An apartment? 3 <input type="checkbox"/> A mobile home? 4 <input type="checkbox"/> Or some other type of residence? — Skip to item 62, page 14.	1 <input type="checkbox"/> A house? 2 <input type="checkbox"/> An apartment? 3 <input type="checkbox"/> A mobile home? 4 <input type="checkbox"/> Or some other type of residence? — Skip to item 62, page 14.
2390	2390	2390
1 <input type="checkbox"/> Owned or being bought by someone in that household? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without payment of cash rent?	1 <input type="checkbox"/> Owned or being bought by someone in that household? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without payment of cash rent?	1 <input type="checkbox"/> Owned or being bought by someone in that household? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without payment of cash rent?
2400	2400	2400
1 <input type="checkbox"/> Yes, cooperative 2 <input type="checkbox"/> Yes, condominium 3 <input type="checkbox"/> No } Skip to item 61j	1 <input type="checkbox"/> Yes, cooperative 2 <input type="checkbox"/> Yes, condominium 3 <input type="checkbox"/> No } Skip to item 61j	1 <input type="checkbox"/> Yes, cooperative 2 <input type="checkbox"/> Yes, condominium 3 <input type="checkbox"/> No } Skip to item 61j
<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry	<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry	<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry
2410	2410	2410
_____ — If one, skip to item 61m; if more than one, ask item 61k	_____ — If one, skip to item 61m; if more than one, ask item 61k	_____ — If one, skip to item 61m; if more than one, ask item 61k
2420	2420	2420
1 <input type="checkbox"/> Yes — Skip to item 61m 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes — Skip to item 61m 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes — Skip to item 61m 2 <input type="checkbox"/> No
2430	2430	2430
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2440	2440	2440
1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know
Go to next mover group. If none, go to item 62, page 14.	Go to next mover group. If none, go to item 62, page 14.	Go to item 62, page 14.

REGULAR OCCUPIED — Continued

62. INTRODUCTION: The next questions are about your current residence.

63. Check Item (See Control Card item 8b.)
 Current residence is —
 Owned — Skip to item 73a, page 15
 Rented — Go to item 64a
 No cash rent — Skip to item 64c

64a. How often is the rent due? 2500 ~6 11↓
 _____ Times per year
 12 Monthly

b. How much is the rent? (- - - - / Include mobile home site rent, if any.)
(If parking priced separately, exclude it here and mark NO to items 64c and d without asking.)
2510 \$ _____ 00

c. Is a garage or carport included (in the rent/with the home)? 2520
 1 Yes — Skip to item 65a
 2 No

d. Is an offstreet parking space included? 2530
 1 Yes
 2 No

65a. Is the building owned by a public housing authority? 2540
 1 Yes — Skip to item 66
 2 No

b. Does the Federal Government pay some of the cost of the unit? 2550
 1 Yes — Skip to item 66
 2 No

c. Does the State or local government pay some of the cost of the unit? 2560
 1 Yes — Skip to item 66
 2 No

d. Do (you/the people living here) have to report the household's income to someone every year so they can set the rent? 2570
 1 Yes — Skip to item 66
 2 No

e. Is there rent control or rent stabilization on the unit? 2580
 1 Yes — Skip to item 66
 2 No

f. Is the rent adjusted because someone in the household works for or is related to the owner? 2590
 1 Yes
 2 No

66. Check Item (See item 23, page 3.)
 Mobile home — Skip to item 68
 Not a mobile home — Ask item 67

67. About when was the building originally built? 2910
 1980 or later
 Month _____ Year _____ } Skip to item 70

2910
 1 1979
 2 75–78
 3 70–74
 4 60–69
 5 50–59
 6 40–49
 7 30–39
 8 20–29
 9 1919 or earlier } Skip to item 71, page 15

68. Excluding the dealer's lot, is this the first site on which this mobile home was placed? 2900
 1 Yes, first site
 2 No, moved from another site
 3 Don't know

69. What is the model year of the mobile home? 2910
 1980 or later
 Year _____ } Ask item 70

2910
 1 1979
 2 75–78
 3 70–74
 4 60–69
 5 50–59
 6 40–49
 7 1939 or earlier } Skip to item 71, page 15

70. Were you the first (person/people) to occupy this home or did someone else live here before you? 2920
 1 First occupants
 2 Previously occupied

REGULAR OCCUPIED — Continued

71. Check Item (See item 23, page 3.)

- Two or more unit building or two or more unit mobile home — Skip to item 109a, page 23
- All others — Ask item 72a

72a. How large is the (lot/site)?

(Include all connecting land that is owned or that is rented with the home.)

If over 1 acre, drop any fractions, don't round up.

If under one acre, convert to approximate square feet.

- One-eighth acre = 5500 sq. ft.
- Quarter acre = 11000 sq. ft.
- One-third acre = 14000 sq. ft.
- Half acre = 22000 sq. ft.
- Three-quarters acre = 33000 sq. ft.
- One-acre = 44000 sq. ft.

2980 _____ Square feet
 OR

2990 _____ Feet by

3000 _____ feet
 OR

3010 _____ Whole acres

Don't know — Ask item 72b

MARK OR ASK —

b. Is it more than 10 acres?

3020 1 Yes } Skip to item 109a, page 23
 2 No }

73a. These questions are about any major repairs, improvements or alterations made to the (house/apartment) in the last 2 years.

(Count work only once; include work in progress.)
 (While living here if less than 2 years)

b. Did someone in the household do most of the work?

c. How much did the job cost (---/not counting household members time?)

(Include materials and labor.)

(1) Was all or part of the roof replaced in the last 2 years?

~ 6 1 1 ↓

2650 1 Yes, all }
 2 Yes, part } →
 3 No }

2655 1 Yes
 2 No

2660 \$ _____ **00**

(2) Were any additions built in the last 2 years?

2670 1 Yes →
 * 2 No ↘

3 Yes
 4 No

2680 \$ _____ **00**

(3) Was the kitchen remodeled or a kitchen added?

2690 1 Yes →
 * 2 No ↘

3 Yes
 4 No

2700 \$ _____ **00**

(4) Were any bathrooms remodeled or added?

2710 1 Yes →
 * 2 No ↘

3 Yes
 4 No

2720 \$ _____ **00**

(5) Was any siding replaced or added?

2730 1 Yes →
 * 2 No ↘

3 Yes
 4 No

2740 \$ _____ **00**

(6) Were any new storm doors or storm windows bought and installed?

2750 1 Yes →
 * 2 No ↘

3 Yes
 4 No

2760 \$ _____ **00**

(7) Was any major equipment, such as a furnace or central air conditioning replaced or added?

2770 1 Yes →
 * 2 No ↘

3 Yes
 4 No

2780 \$ _____ **00**

(8) Was insulation added in the last 2 years?

2790 1 Yes →
 * 2 No ↘

3 Yes
 4 No

2800 \$ _____ **00**

(9) Were any (---/other) major repairs, alterations or improvements, totaling over \$2,000, done in the last 2 years?

2810 1 Yes →
 * 2 No — Go to item 74

3 Yes
 4 No

2820 \$ _____ **00**

74. Check Item (See item 73a.)

- At least one "Yes" marked in item 73a — Ask item 75
- All "No" in item 73a — Skip to item 76

75. Did the household get a low interest loan or grant from a government program to help pay for making any of these repairs or alterations to your home?

2830 1 Yes
 2 No

76. In just the last YEAR, how much was spent on routine maintenance such as painting, repairs, etc.? Exclude anything already mentioned.

(Exclude housecleaning.)

2840 \$ _____ **00**

REGULAR OCCUPIED – Continued

77. Check Item (See item 23, page 3.)

- Mobile home – Skip to item 79
- Not a mobile home – Ask item 78

78. About when was the building originally built?

2910 1980 or later
 Month Year } Skip to item 81
 [] [] [] []

2910 1979
 2 75–78
 3 70–74
 4 60–69
 5 50–59
 6 40–49
 7 30–39
 8 20–29
 9 1919
 or earlier } Skip to item 82a

79. Excluding the dealer's lot, is this the first site on which this mobile home was placed?

2900 1 Yes, first site
 2 No, moved from another site
 3 Don't know

80. What is the model year for the mobile home?

2910 1980 or later
 Year } Ask item 81
 [] []

2910 1979
 2 75–78
 3 70–74
 4 60–69
 5 50–59
 6 40–49
 7 1939
 or earlier } Skip to item 82a

81. Were you the first (person/people) to occupy this home or did someone else live here before you?

2920 1 First occupants
 2 Previously occupied

82a. When did this household buy the (house/apartment)?

(If land and building bought at different times, building only)
 (If land contract, when the contract was signed)

2930 [] [] Year – Skip to item 82c

2930 1 Owner built it or had it built – Skip to item 82c
 2 Received as inheritance or gift

b. In what year did this household (inherit/receive) the home?

2940 [] [] Year – Skip to item 82e

c. What was the price?

(Exclude closing costs.)
 (For mobile homes, exclude value of the land.)

2950 \$ _____ .

d. Was the main source of the down payment the sale of a previous home, savings, or something else?

(If bought outright, enter main source of full payment.)

2960 1 Sale of previous home – Skip to item 83a, page 17
 2 Savings or cash on hand
 3 Sale of other investment
 4 Borrowing, other than a mortgage on this property
 5 Inheritance or gift
 6 Land where building was built used for financing
 7 Other – Specify _____
 8 No down payment made

e. (Has ..., ..., OR ... (Owners)/Have you) ever owned a home before?

2970 1 Yes
 2 No

REGULAR OCCUPIED – Continued

83. Check Item

a. (See item 25a, page 3.)

- Condominium or cooperative – Skip to item 87a
- Not a condominium or cooperative – Go to item 83b

b. (See item 23, page 3.)

- One-unit building – Ask item 84a
- Mobile home – Skip to item 88a, page 19
- Two-or-more-unit building – Skip to item 86e

84a. How large is the (lot/site)?

(Include all connecting land that is owned or that is rented with the home.)

If over 1 acre, drop any fractions, don't round up.

If under one acre, convert to approximate square feet.

One-eighth acre = 5500 sq. ft.

Quarter acre = 11000 sq. ft.

One-third acre = 14000 sq. ft.

Half acre = 22000 sq. ft.

Three-quarters acre = 33000 sq. ft.

One acre = 44000 sq. ft.

2980

_____ Square feet

OR

2990

_____ Feet by

3000

_____ feet

OR

3010

_____ Whole acres

0 Don't know – Ask item 84b

b. MARK OR ASK –

Is it more than 10 acres?

3020

1 Yes – Skip to item 86a

2 No

c. Is there a commercial establishment on the property?

3030

1 Yes – Skip to item 85a

2 No

d. Is there a medical or dental office on the property?

3040

1 Yes – Skip to item 85b

2 No

e. How much do you think the house and lot would sell for on today's market?

3100

\$ _____ . 00 Skip to item 89a, page 19

85a. Is there a medical or dental office on the property?

3040

1 Yes

2 No

b. How much do you think the house, (business/medical office) and lot would sell for on today's market?

3080

\$ _____ . 00

c. What is the value of the residential portion of this property?

3100

\$ _____ . 00 Skip to item 89a, page 19

86a. Is there a commercial establishment on the property?

3030

1 Yes

2 No

b. Is there a medical or dental office on the property?

3040

1 Yes

2 No

c. How much do you think the house and (Acreage from item 84a/all the land) would sell for on today's market?

3080

\$ _____ . 00

d. How much do you think the house and its (lot/yard) would sell for on today's market?

3100

\$ _____ . 00 Skip to item 89a, page 19

e. Is there a commercial establishment on the property?

3030

1 Yes

2 No

f. Is there a medical or dental office on the property?

3040

1 Yes

2 No

g. How much do you think the entire building and property would sell for on today's market?

3080

\$ _____ . 00

h. How much of that would apply to the apartment only?

3100

\$ _____ . 00 Skip to item 89a, page 19

87a. Is there a commercial establishment on the property?

3030

1 Yes

2 No

b. Is there a medical or dental office on the property?

3040

1 Yes

2 No

c. How much do you think the apartment would sell for on today's market?

3100

\$ _____ . 00 Skip to item 89a, page 19

Notes

REGULAR OCCUPIED – Continued

88a. How large is the (lot/site)?

(Include all connecting land that is owned or that is rented with the home.)

2980 _____ Square feet
 OR

If over one acre, drop any fractions, don't round up.

If under one acre, convert to approximate square feet.

2990 _____ Feet by

One-eighth acre = 5500 sq. ft.

3000 _____ feet
 OR

Quarter acre = 11000 sq. ft.

One-third acre = 14000 sq. ft.

Half acre = 22000 sq. ft.

3010 _____ Whole acres

Three-quarters acre = 33000 sq. ft.

One acre = 44000 sq. ft.

Don't know – Ask item 88b

MARK OR ASK –

3020 1 Yes

b. Is it more than 10 acres?

2 No

c. Is there a commercial establishment on the property?

3030 1 Yes

2 No

d. Is there a medical or dental office on the property?

3040 1 Yes

2 No

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

(Do not include the value of the land.)

3100 \$ _____ . 00

f. Do you own the land?

3140 1 Yes

2 No – Skip to item 89a

g. How much do you think the land would sell for on today's market?

3150 \$ _____ . 00

89a. Is a garage or carport included with your home?

6 1 1 ↓

2520 1 Yes – Skip to item 90

2 No

b. Is an offstreet parking space included?

2530 1 Yes

2 No

90. Is the ownership of the (house/apartment) shared with anyone NOT living here?

3180 1 Yes

2 No

91. Does anyone not living here pay some of the mortgage or utility costs?

3190 1 Yes

2 No

92. Is there a mortgage or other loan on this (house/apartment)?

(Include "Land contracts" and other loans SECURED BY THE PROPERTY.)

3200 1 Yes

2 No – Skip to item 98a, page 22

93. Did you get your mortgage through a State or local government program that provides lower cost mortgages?

3210 1 Yes

2 No

94. Check Item (See Control Card items 13 and 17.)

- Respondent is an owner or owner's spouse – Ask item 95, page 18
- Respondent is not an owner or owner's spouse – Callback required – mark item 9, page 1; then skip to item 98a, page 22

Notes

REGULAR OCCUPIED – Continued

95. How many mortgages are there now on the home?	3220 _____	Number of mortgages	
96a. Did you get a new mortgage or did you assume someone else's mortgage? <i>(Do not probe for this item.)</i>	FIRST (MORTGAGE/LOAN)	SECOND (MORTGAGE/LOAN)	
	3240 6 18 ↓ 1 <input type="checkbox"/> New – Skip to item 96d 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around – Skip to item 96d	3240 6 19 ↓ 1 <input type="checkbox"/> New – Skip to item 96d 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around – Skip to item 96d	
b. How much was left to pay off when you assumed it?	3250 \$ _____ 00	3250 \$ _____ 00	
c. How many years remained on the mortgage then?	3260 _____ Years – Skip to item 96i	3260 _____ Years – Skip to item 96i	
d. Did you get it the same year you bought your home?	3270 1 <input type="checkbox"/> Yes – Skip to item 96f 2 <input type="checkbox"/> No	3270 1 <input type="checkbox"/> Yes – Skip to item 96f 2 <input type="checkbox"/> No	
e. What year did you get it?	3280 1 9 _____ Year	3280 1 9 _____ Year	
f. When you first obtained THIS mortgage, how many years was it for?	3290 _____ Years – If less than 15, ask item 96g; if 15 or more, skip to item 96h 0 <input type="checkbox"/> Can vary – Ask item 96g	3290 _____ Years – If less than 15, ask item 96g; if 15 or more, skip to item 96h 0 <input type="checkbox"/> Can vary – Ask item 96g	
g. At your current payments, how long would it take to pay off the loan?	3300 _____ Years	3300 _____ Years	
h. How much was borrowed?	3310 \$ _____ 00	3310 \$ _____ 00	
i. Does this mortgage cover –			
(1) Other homes or apartments besides this one?	3320 1 <input type="checkbox"/> Yes – Skip to item 96j 2 <input type="checkbox"/> No	3320 1 <input type="checkbox"/> Yes – Skip to item 96j 2 <input type="checkbox"/> No	
(2) Farm land?	3330 1 <input type="checkbox"/> Yes – Skip to item 96j 2 <input type="checkbox"/> No	3330 1 <input type="checkbox"/> Yes – Skip to item 96j 2 <input type="checkbox"/> No	
(3) A business on this property?	3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 96k	3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 96k	
j. How much of the ... (Amount in item 96b or h) applies just to your home?	3350 \$ _____ 00	3350 \$ _____ 00	
k. What is the current interest rate on the mortgage? <i>(Annual percentage rate)</i> <i>(Round down to nearest 1/4)</i>	3360 _____ Whole number	3360 _____ Whole number	
	3370 _____ Plus Fraction 0 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	3370 _____ Plus Fraction 0 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	
l. What is your current monthly payment?	3380 \$ _____ 00	3380 \$ _____ 00	
m. Besides principal and interest, does this payment include –			
	(1) Property taxes?	3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(2) Homeowner's insurance?	3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(3) Anything else?	3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 96n, page 21	3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 96n, page 21
(4) How much were the other charges last year? <i>(Do not include property taxes or homeowner's insurance.)</i>	3420 \$ _____ 00	3420 \$ _____ 00	

REGULAR OCCUPIED – Continued

	FIRST (MORTGAGE/LOAN)	SECOND (MORTGAGE/LOAN)
96n. Is the mortgage an FHA mortgage, a VA mortgage, a Farmer's Home Administration mortgage, or some other mortgage?	~6 18 ↓	~6 19 ↓
	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3430</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> FHA (Federal Housing Administration) 2 <input type="checkbox"/> VA (Veterans' Administration) 3 <input type="checkbox"/> Farmer's Home Administration 4 <input type="checkbox"/> Some other mortgage 5 <input type="checkbox"/> Don't know </div> <div style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</div> <div style="font-size: 0.8em; vertical-align: middle;"> Skip to item 96q </div> </div> </div>	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3430</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> FHA (Federal Housing Administration) 2 <input type="checkbox"/> VA (Veterans' Administration) 3 <input type="checkbox"/> Farmer's Home Administration 4 <input type="checkbox"/> Some other mortgage 5 <input type="checkbox"/> Don't know </div> <div style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</div> <div style="font-size: 0.8em; vertical-align: middle;"> Skip to item 96q </div> </div> </div>
O. Did you borrow the money from a bank or other organization, OR did you borrow it from an individual?	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3440</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Bank or other organization – Skip to item 96q 2 <input type="checkbox"/> Individual </div> </div> </div>	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3440</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Bank or other organization – Skip to item 96q 2 <input type="checkbox"/> Individual </div> </div> </div>
P. Was that the former owner of the home?	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3450</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> </div> </div>	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3450</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> </div> </div>
Q. Are your payments on this loan the same during the whole length of the mortgage?	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3460</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes – Skip to item 96s 2 <input type="checkbox"/> No </div> </div> </div>	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3460</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes – Skip to item 96s 2 <input type="checkbox"/> No </div> </div> </div>
I. How do they change? (Mark all that apply.)	3470	3470
	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">*</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Change in taxes or insurance, or catch-up on overdue payment ↓ <p style="margin: 5px 0;">Do they change for any other reason?</p> <p style="margin: 5px 0;"><input type="checkbox"/> Yes – Mark box 2, 3, 4 and/or 5</p> <p style="margin: 5px 0;"><input type="checkbox"/> No – Go to item 96s</p> <ol style="list-style-type: none"> 2 <input type="checkbox"/> Change with interest rates 3 <input type="checkbox"/> Rise at fixed schedule during part of loan 4 <input type="checkbox"/> Rise at fixed schedule during whole length of loan 5 <input type="checkbox"/> Last payment biggest ↓ <p style="margin: 5px 0;">Of the total amount you borrowed, what percentage will have to be paid off in this last payment? ↓</p> </div> </div> </div>	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">*</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Change in taxes or insurance, or catch-up on overdue payment ↓ <p style="margin: 5px 0;">Do they change for any other reason?</p> <p style="margin: 5px 0;"><input type="checkbox"/> Yes – Mark box 2, 3, 4 and/or 5</p> <p style="margin: 5px 0;"><input type="checkbox"/> No – Go to item 96s</p> <ol style="list-style-type: none"> 2 <input type="checkbox"/> Change with interest rates 3 <input type="checkbox"/> Rise at fixed schedule during part of loan 4 <input type="checkbox"/> Rise at fixed schedule during whole length of loan 5 <input type="checkbox"/> Last payment biggest ↓ <p style="margin: 5px 0;">Of the total amount you borrowed, what percentage will have to be paid off in this last payment? ↓</p> </div> </div> </div>
	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3480</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> 1–25 percent 2 <input type="checkbox"/> 26–50 3 <input type="checkbox"/> 51–75 4 <input type="checkbox"/> 76–100 </div> </div> </div>	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;">3480</div> <div style="flex-grow: 1;"> <ol style="list-style-type: none"> 1 <input type="checkbox"/> 1–25 percent 2 <input type="checkbox"/> 26–50 3 <input type="checkbox"/> 51–75 4 <input type="checkbox"/> 76–100 </div> </div> </div>
S. Check Item (See item 95, page 20.)	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="flex-grow: 1;"> <p><input type="checkbox"/> One mortgage – Skip to item 98, page 22</p> <p><input type="checkbox"/> Two or more mortgages – Go back to item 96a</p> </div> </div> </div>	<div style="border: 1px dashed black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="flex-grow: 1;"> <p><input type="checkbox"/> Only two mortgages – Skip to item 98, page 22</p> <p><input type="checkbox"/> Three or more mortgages – Ask item 97a, page 22</p> </div> </div> </div>

Notes

REGULAR OCCUPIED – Continued

97a. For the (third mortgage/other mortgages), how much did you borrow?

6 11 ↓

3490 \$ _____ . 00

b. What is your current monthly payment for the (third mortgage/other mortgages)?

3500 \$ _____ . 00

98. Check Item

a. (See item 23, page 3.)

- Mobile home – Skip to item 101
- Not a mobile home – Go to item 98b

b. (See item 25a, page 3.)

- Condominium or cooperative – Ask item 99
- All others – Skip to item 103

99. What were the real estate taxes last year for the (condominium/cooperative) unit?

*(Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)*

3520 \$ _____ . 00

100a. Is there a required (condominium/cooperative) association fee?

- 3570 Yes
 No – Skip to item 109a, page 23

b. How many times a year is the fee due?

3580 _____ Times per year
12 Monthly

c. What is the average cost each . . . (Billing period)?

3590 \$ _____ . 00 – Skip to item 109a, page 23

101. On the mobile home (- - - /and its lot) last year, what was the total cost of – property and real estate taxes, registration fees, and license fees?

*(Include all connecting land. Include school taxes, special assessment, and any other real estate taxes.)
(Exclude taxes past due from other years.)*

3520 \$ _____ . 00

102a. OBSERVE OR ASK –

Is your mobile home in a group of five or more?

- 3540 1 Yes
2 No – Skip to item 104

b. Are you required to pay a mobile home park fee?

- 3550 1 Yes
2 No – Skip to item 104

c. How many times a year is the fee due?

3555 _____ Times
12 Monthly

d. What is the average cost each . . . (Billing period)?

3600 \$ _____ . 00 – Skip to item 109a, page 23

103. What were the real estate taxes last year for this home and its land?

*(Include all connecting owned land. If multiunit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)*

3520 \$ _____ . 00

104. Check Item (See item 84b, page 17, or item 88a, page 19.)

- On less than 10 acres – Ask item 105a
- On 10 acres or more – Skip to item 106, page 23

105a. Is there a required homeowner's association fee?

- 3570 1 Yes
2 No – Skip to item 106, page 23

b. How many times a year is the fee due?

3580 _____ Times
12 Monthly

c. What is the average cost each . . . (Billing period)?

3590 \$ _____ . 00 – Skip to item 109a, page 23

REGULAR OCCUPIED – Continued

<p>106. In some parts of the country people own their homes but rent the land. Do you pay rent for the land?</p>	<p>3610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 109a</p>		
<p>107. Check Item (See item 92, page 19.) <input type="checkbox"/> Yes, mortgage – Ask item 108a <input type="checkbox"/> No mortgage – Skip to item 108b</p>			
<p>108a. Is the land rent included with the mortgage payment?</p>	<p>3620 1 <input type="checkbox"/> Yes – Skip to item 109a 2 <input type="checkbox"/> No</p>		
<p>b. How many times a year is the land rent due?</p>	<p>3630 _____ Times per year 12 <input type="checkbox"/> Monthly</p>		
<p>c. What does it cost each time?</p>	<p>3640 \$ _____ .00</p>		
<p>109a. Does this household have (homeowner's/ household property) insurance?</p>	<p>3650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 110a</p>		
<p>b. In the past 12 months what was the total cost?</p>	<p>3660 \$ _____ .00</p>		
<p>110a. Now I have some questions about utility costs. You may check your records if you wish. In the past 12 months what was the average monthly cost for electricity?</p>	<p>3670 \$ _____ .00 per month – If "All electric home," mark "Not used" in items 110b and d without asking 3680 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee, etc. 3 <input type="checkbox"/> Obtained free</p>		
<p><i>When two or more utilities are billed together, try to determine the cost of each.</i></p> <p>b. In the past 12 months what was the average monthly cost for gas?</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p align="center">(1)</p> <p>3690 \$ _____ .00 per month, OR → 3700 1 <input type="checkbox"/> Not used – Skip to item 110d 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee, etc. 3 <input type="checkbox"/> Obtained free</p> </td> <td style="width:50%; border: none;"> <p align="center">(2)</p> <p>Billed with – (Mark all that apply.)</p> <p>3710 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Fuel oil 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p> </td> </tr> </table>	<p align="center">(1)</p> <p>3690 \$ _____ .00 per month, OR → 3700 1 <input type="checkbox"/> Not used – Skip to item 110d 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee, etc. 3 <input type="checkbox"/> Obtained free</p>	<p align="center">(2)</p> <p>Billed with – (Mark all that apply.)</p> <p>3710 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Fuel oil 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>
<p align="center">(1)</p> <p>3690 \$ _____ .00 per month, OR → 3700 1 <input type="checkbox"/> Not used – Skip to item 110d 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee, etc. 3 <input type="checkbox"/> Obtained free</p>	<p align="center">(2)</p> <p>Billed with – (Mark all that apply.)</p> <p>3710 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Fuel oil 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>		
<p>c. Is it from underground pipes or bottled gas?</p>	<p>3720 1 <input type="checkbox"/> Underground pipes serving neighborhood 2 <input type="checkbox"/> Bottled gas</p>		
<p>d. In the past 12 months what was the total cost for fuel oil?</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>3730 \$ _____ .00 per year, OR → 3740 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p> </td> <td style="width:50%; border: none;"> <p>Billed with – (Mark all that apply.)</p> <p>3750 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p> </td> </tr> </table>	<p>3730 \$ _____ .00 per year, OR → 3740 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with – (Mark all that apply.)</p> <p>3750 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>
<p>3730 \$ _____ .00 per year, OR → 3740 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with – (Mark all that apply.)</p> <p>3750 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>		
<p>e. In the past 12 months what was the total cost for wood, coal, kerosene, or any other fuel?</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>3760 \$ _____ .00 per year, OR → 3770 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p> </td> <td style="width:50%; border: none;"> <p>Billed with – (Mark all that apply.)</p> <p>3780 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p> </td> </tr> </table>	<p>3760 \$ _____ .00 per year, OR → 3770 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with – (Mark all that apply.)</p> <p>3780 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>
<p>3760 \$ _____ .00 per year, OR → 3770 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with – (Mark all that apply.)</p> <p>3780 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>		
<p>f. In the past 12 months what was the total cost for garbage and trash collection?</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>3790 \$ _____ .00 per year, OR → 3800 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in real estate taxes, rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p> </td> <td style="width:50%; border: none;"> <p>Billed with – (Mark all that apply.)</p> <p>3810 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Other fuel 5 <input type="checkbox"/> Water and sewage</p> </td> </tr> </table>	<p>3790 \$ _____ .00 per year, OR → 3800 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in real estate taxes, rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with – (Mark all that apply.)</p> <p>3810 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Other fuel 5 <input type="checkbox"/> Water and sewage</p>
<p>3790 \$ _____ .00 per year, OR → 3800 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in real estate taxes, rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with – (Mark all that apply.)</p> <p>3810 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Other fuel 5 <input type="checkbox"/> Water and sewage</p>		
<p>g. In the past 12 months what was the total cost for water supply and sewage disposal?</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>3820 \$ _____ .00 per year, OR → 3830 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in real estate taxes, rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p> </td> <td style="width:50%; border: none;"> <p>Billed with – (Mark all that apply.)</p> <p>3840 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Other fuel 5 <input type="checkbox"/> Garbage and trash</p> </td> </tr> </table>	<p>3820 \$ _____ .00 per year, OR → 3830 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in real estate taxes, rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with – (Mark all that apply.)</p> <p>3840 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Other fuel 5 <input type="checkbox"/> Garbage and trash</p>
<p>3820 \$ _____ .00 per year, OR → 3830 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in real estate taxes, rent, site rent, condominium, or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with – (Mark all that apply.)</p> <p>3840 * 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Other fuel 5 <input type="checkbox"/> Garbage and trash</p>		

Notes

REGULAR OCCUPIED – Continued

111a. How many automobiles are kept at home for use by members of your household?

3850 _____ Number

None

b. How many vans or trucks of one ton capacity or less are kept at home for use by members of your household?

3860 _____ Number

None

112. Check Item

a. (See Control Card items 13, 14, and 18.)

- No nonrelative household members age 14 + in household — *Skip to item 114, page 26*
- Nonrelative household members age 14 + in household — *Go to item 112b*

b. (See Control Card items 13, 17, and 18.)

- All nonrelatives age 14 + are co-owners/co-renters — *Skip to item 114, page 26*
- All others — *Go to item 112c*

c. (See Control Card items 13, 17, and 18.)

- Remaining nonrelatives age 14 + are spouse or child(ren) of co-owner or co-renter — *Skip to item 114, page 26*
- All others — *Ask item 113a–d for each nonrelative age 14 +*

	~ 6 20 ↓	~ 6 21 ↓	~ 6 22 ↓	~ 6 23 ↓
113a. Enter line number	3880 Line number _____ _____ _____	3880 Line number _____ _____ _____	3880 Line number _____ _____ _____	3880 Line number _____ _____ _____
Does . . . pay a regular fixed rent to someone in this household?	3890 <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>Skip to next nonrelative; If no other nonrelative, skip to item 114, page 26.</i>	3890 <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>Skip to next nonrelative; If no other nonrelative, skip to item 114, page 26.</i>	3890 <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>Skip to next nonrelative; If no other nonrelative, skip to item 114, page 26.</i>	3890 <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>Skip to next nonrelative; If no other nonrelative, skip to item 114, page 26.</i>
b. How often is . . . 's rent due?	3900 _____ Times/year <input type="checkbox"/> 12 Monthly	3900 _____ Times/year <input type="checkbox"/> 12 Monthly	3900 _____ Times/year <input type="checkbox"/> 12 Monthly	3900 _____ Times/year <input type="checkbox"/> 12 Monthly
c. How much is the rent?	3910 \$ _____ . 00	3910 \$ _____ . 00	3910 \$ _____ . 00	3910 \$ _____ . 00
d. Does that include food?	3920 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	3920 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	3920 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	3920 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No

Notes

REGULAR OCCUPIED – Continued

114. One of the main housing problems today is the cost of housing compared to income. The next few questions are about income.

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

(Obtain income for reference person and all household members age 14 + RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

	Line No.	Amount
3940	<input type="text"/>	3950 \$ _____ 00 o <input type="checkbox"/> None
3960	<input type="text"/>	3970 \$ _____ 00 o <input type="checkbox"/> None
3980	<input type="text"/>	3990 \$ _____ 00 o <input type="checkbox"/> None
4000	<input type="text"/>	4010 \$ _____ 00 o <input type="checkbox"/> None
4020	<input type="text"/>	4030 \$ _____ 00 o <input type="checkbox"/> None
4040	<input type="text"/>	4050 \$ _____ 00 o <input type="checkbox"/> None
4060	<input type="text"/>	4070 \$ _____ 00 o <input type="checkbox"/> None
4080	<input type="text"/>	4090 \$ _____ 00 o <input type="checkbox"/> None
4100	<input type="text"/>	4110 \$ _____ 00 o <input type="checkbox"/> None
4120	<input type="text"/>	4130 \$ _____ 00 o <input type="checkbox"/> None

115a. In the past 12 months did, or . . . (Specify names for line numbers in item 114) –

	Line No.	1	2
(1) Have his or her own business?	4140	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have a farm or ranch?	4150	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Receive social security or pensions? <i>(Social security checks are green. Do not count pale gold SSI checks as social security.)</i>	4160	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Receive interest or dividends?	4170	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Receive rental income?	4180	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Receive welfare or SSI?	4190	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Receive unemployment or worker's compensation?	4200	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Receive alimony or child support?	4210	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Receive any other income?	4220	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If all "No," skip to item 116

b. In the past 12 months what was the total income from (Sources marked "Yes" in item 115a)?

4230	\$ _____	00	Total income after deducting losses
	OR		
4240	\$ _____	00	Amount of total net loss
	OR		
			<input type="checkbox"/> None or broke even

116. Check Item (See items 114 and 115b.) (Mark first that apply.)

- Total income over \$20,000 – Skip to item 118, page 27
- Income \$20,000 or less – Skip to item 117b, page 27
- Income is refused, NA or DK – Ask item 117a, page 27

Notes

REGULAR OCCUPIED — Continued

117a. Was (your/their) total income over \$20,000? 4250 1 Yes — *Skip to item 118*
 2 No

b. Did . . . , . . . , or . . . (Specify names for line numbers in item 114) receive Food Stamps in the past 12 months? 4260 1 Yes
 2 No

c. Does . . . , . . . , or . . . (Specify names for line numbers in item 114) have —

(1) Savings?	4270	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	}	<i>If all "No," skip to item 118</i>
(2) Investments in a farm or business?	4280	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No		
(3) Other investments? (Exclude THIS home.)	4290	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No		

d. Is the total amount of savings and investments over \$20,000? 4300 1 Yes
 2 No

118. Check Item

a. (See Control Card item 8b.)

Owned — *Skip to item 120a, page 28*
 Rented or no cash rent — *Go to item 118b*

b. (See item 23, page 3.)

One-unit building — *Skip to item 119b*
 Two-or-more-unit building or two-or-more-unit mobile home — *Ask item 119a*

119a. Does the owner or a resident manager live in this (building/complex)? 4400 1 Yes
 2 No
(Exclude staff who do only maintenance.)

b. What is the owner's name and address? 817

If don't know, ask —

Where do you send your rent?

Name *(Please print)* _____

Address *(Number, street)* _____

City _____ State _____ ZIP Code _____

Title	Location
1 <input type="checkbox"/> Owner	1 <input type="checkbox"/> Home
2 <input type="checkbox"/> Other	2 <input type="checkbox"/> Office

c. What is the telephone number?

Area code, number, extension _____

1 Home
 2 Business

Notes

REGULAR OCCUPIED – Continued

120a. Did ... (Specify names of all household members age 14+) **work at any time last week?** If "Yes," list name and line number.

~ 6 25 ↓ Name

4440 00 No workers – Skip to item 121a, page 30

4440 Line number

b. Did ... usually report to the same location to begin work each day?

4445 1 Yes
2 No

c. In what city, county, and state did ... work last week?

4450 0 Outside USA – Skip to item 120l

~ 7 25 ↓
City or place

County

State

d. What is the ZIP Code?

4460 ZIP Code

4470 **OFFICE USE ONLY**

e. Is ...'s place of work inside the incorporated limits of (City above)?

4480 1 Yes
2 No or not incorporated place
3 Don't know

f. Enter zone number or hand respondent zone map and ask – This map is divided into zones. In which zone did ... work last week?

4490 Zone code
 Zone alpha (if any)

4490 00 Off map

(If necessary, obtain any other information needed to locate on map.)

g. How did ... usually get to work last week?

~ 6 25 ↓

4500 1 Car, truck, van Did ... drive alone or go with others?

4510 2 Alone – Skip to item 120i
3 Go with others – Ask item 120h

4500 4 Bus or streetcar ...
5 Subway or elevated
6 Railroad ...
7 Taxicab ...
8 Motorcycle ...
9 Bicycle ...
10 Other vehicle ...
11 Walked only ... } Skip to item 120i
12 Works at home – Skip to item 120l

(Mark item that accounted for greatest distance to location of job at which person worked most hours last week.)

h. How many people including ... usually ride in the (car/truck/van)?

4520 Number

i. How many minutes did it usually take ... to get to work?

4530 Minutes
00 Work place varies

j. What time did ... usually leave for work?

4540 Hours Minutes

4550 1 a.m. 2 p.m.

k. How many miles was ...'s trip to work?

4560 Miles
0 Less than 1 mile

l. Go to next worker; if none, go to item 121a, page 30

REGULAR OCCUPIED – Continued

~6 26↓ Name	~6 27↓ Name	~6 28↓ Name
4440 <input type="text"/> <input type="text"/> Line number	4440 <input type="text"/> <input type="text"/> Line number	4440 <input type="text"/> <input type="text"/> Line number
4445 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4445 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4445 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4450 0 <input type="checkbox"/> Outside USA – <i>Skip to item 120l</i>	4450 0 <input type="checkbox"/> Outside USA – <i>Skip to item 120l</i>	4450 0 <input type="checkbox"/> Outside USA – <i>Skip to item 120l</i>
~7 26↓ City or place	~7 27↓ City or place	~7 28↓ City or place
County	County	County
State <input type="text"/> <input type="text"/>	State <input type="text"/> <input type="text"/>	State <input type="text"/> <input type="text"/>
4460 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP Code	4460 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP Code	4460 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP Code
4470 OFFICE USE ONLY	4470 OFFICE USE ONLY	4470 OFFICE USE ONLY
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	4480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	4480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know
4490 <input type="text"/> Zone code <input type="text"/> Zone alpha (if any)	4490 <input type="text"/> Zone code <input type="text"/> Zone alpha (if any)	4490 <input type="text"/> Zone code <input type="text"/> Zone alpha (if any)
4490 00 <input type="checkbox"/> Off map	4490 00 <input type="checkbox"/> Off map	4490 00 <input type="checkbox"/> Off map
~6 26↓	~6 27↓	~6 28↓
4500 1 <input type="checkbox"/> Car, truck, van ↘ Did ... drive alone or go with others?	4500 1 <input type="checkbox"/> Car, truck, van ↘ Did ... drive alone or go with others?	4500 1 <input type="checkbox"/> Car, truck, van ↘ Did ... drive alone or go with others?
4510 2 <input type="checkbox"/> Alone – <i>Skip to item 120i</i> 3 <input type="checkbox"/> Go with others – Ask item 120h	4510 2 <input type="checkbox"/> Alone – <i>Skip to item 120i</i> 3 <input type="checkbox"/> Go with others – Ask item 120h	4510 2 <input type="checkbox"/> Alone – <i>Skip to item 120i</i> 3 <input type="checkbox"/> Go with others – Ask item 120h
4500 4 <input type="checkbox"/> Bus or streetcar ... 5 <input type="checkbox"/> Subway or elevated 6 <input type="checkbox"/> Railroad ... 7 <input type="checkbox"/> Taxicab ... 8 <input type="checkbox"/> Motorcycle ... 9 <input type="checkbox"/> Bicycle ... 10 <input type="checkbox"/> Other vehicle ... 11 <input type="checkbox"/> Walked only ... 12 <input type="checkbox"/> Works at home – <i>Skip to item 120l</i>	4500 4 <input type="checkbox"/> Bus or streetcar ... 5 <input type="checkbox"/> Subway or elevated 6 <input type="checkbox"/> Railroad ... 7 <input type="checkbox"/> Taxicab ... 8 <input type="checkbox"/> Motorcycle ... 9 <input type="checkbox"/> Bicycle ... 10 <input type="checkbox"/> Other vehicle ... 11 <input type="checkbox"/> Walked only ... 12 <input type="checkbox"/> Works at home – <i>Skip to item 120l</i>	4500 4 <input type="checkbox"/> Bus or streetcar ... 5 <input type="checkbox"/> Subway or elevated 6 <input type="checkbox"/> Railroad ... 7 <input type="checkbox"/> Taxicab ... 8 <input type="checkbox"/> Motorcycle ... 9 <input type="checkbox"/> Bicycle ... 10 <input type="checkbox"/> Other vehicle ... 11 <input type="checkbox"/> Walked only ... 12 <input type="checkbox"/> Works at home – <i>Skip to item 120l</i>
4520 <input type="text"/> Number	4520 <input type="text"/> Number	4520 <input type="text"/> Number
4530 <input type="text"/> Minutes 00 <input type="checkbox"/> Work place varies	4530 <input type="text"/> Minutes 00 <input type="checkbox"/> Work place varies	4530 <input type="text"/> Minutes 00 <input type="checkbox"/> Work place varies
4540 Hours <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>	4540 Hours <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>	4540 Hours <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>
4550 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.	4550 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.	4550 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.
4560 <input type="text"/> Miles 0 <input type="checkbox"/> Less than 1 mile	4560 <input type="text"/> Miles 0 <input type="checkbox"/> Less than 1 mile	4560 <input type="text"/> Miles 0 <input type="checkbox"/> Less than 1 mile
<i>Go to next worker; if none, go to item 121a, page 30</i>	<i>Go to next worker; if none, go to item 121a, page 30</i>	<i>Go to item 121a, page 30</i>

REGULAR OCCUPIED – Continued

121a. Housing size is important for analysis of other information from this survey. How many square feet are there in the (house/apartment)? Include basements and finished attics.
(Exclude unfinished attics, carports, attached garages and porches that are not protected from the elements.)

611

4600

_____ Square feet — Go to item 122, page 31
 Don't know — Ask item 174b

b. How many (stories/floors) are there in the (house/apartment)? Include basements and finished attics.

4610

_____ Number

c. MARK OR ASK —

Is the (house/apartment) a split level?

4620

1 Yes
 2 No

d. What is the length and width of each floor of the (house/apartment)?

(Exclude unfinished attics, carports, attached garages and porches that are not protected from the elements.)

Ground/
basement

1st floor
of unit

2nd floor
of unit

3rd floor
of unit

4th floor
of unit

Rectangles or squares							
First (a)		Second (b)		Third (c)		Fourth (d)	
Length	Width	Length	Width	Length	Width	Length	Width

4640

Don't know — Skip to item 121g

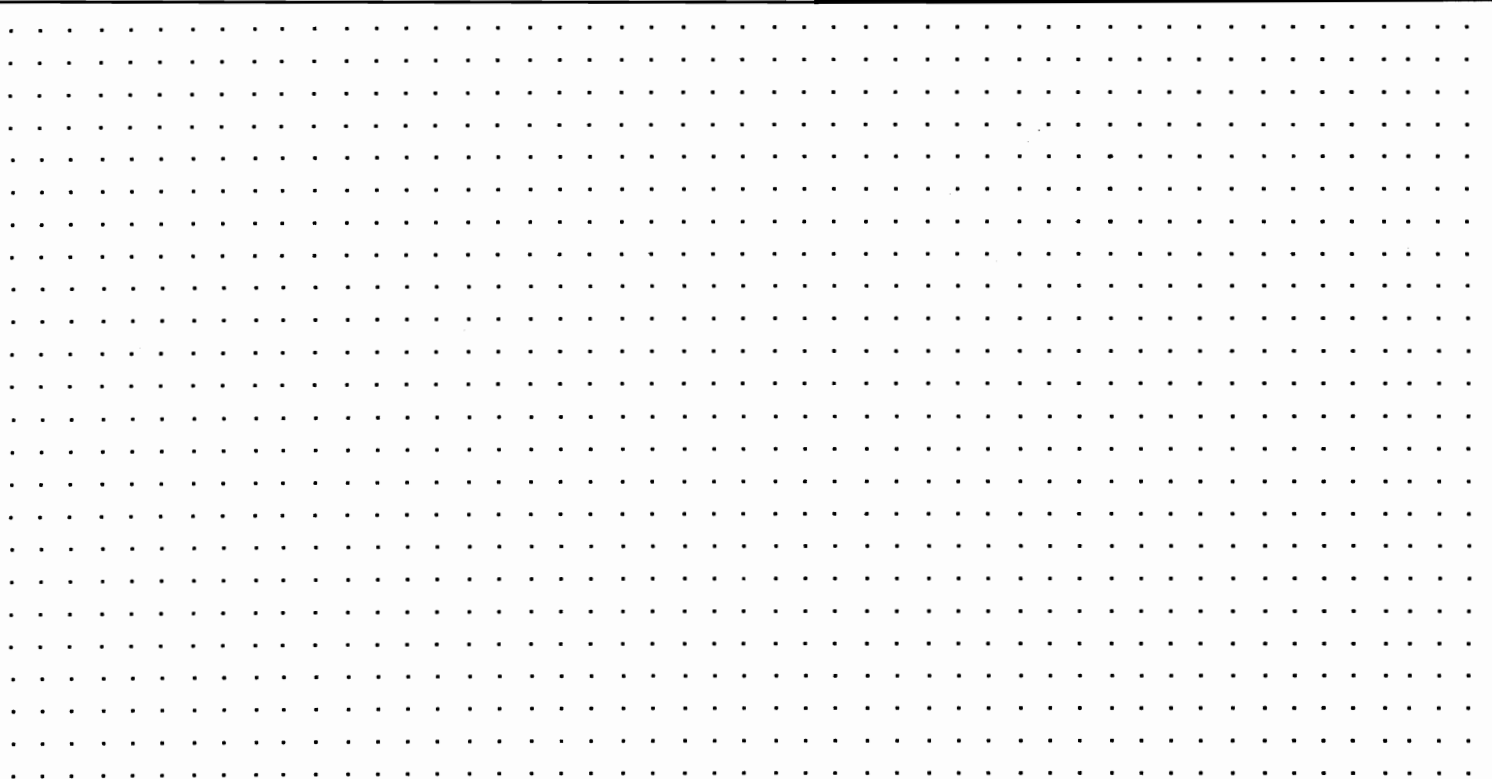
SKETCH

(If enough information is available, draw sketch of sample unit below.)

OFFICE USE ONLY

4640

_____ Square feet



e. Describe style of construction (Ranch, Cape Cod, etc.) or characteristics of the sample unit that would help to determine total number of square feet.

Dimensions —

- Do not include a garage
- Include a garage for
 - One car
 - Two cars
 - Three or more cars

f. INSTRUCTION — GO TO ITEM 122, PAGE 31.

g. Check item (See item 23, page 3.)

- One unit building — detached
 - Mobile home
 - All others — Go to item 122, page 31
- } Ask item 121h

h. Because housing size is so important, I would like to measure the length and width of this house from the outside. May I do that after I finish the interview?

4650

1 Yes
 2 No

REGULAR OCCUPIED — Continued

122. Check Item (See Control Card items 13 and 18.)

- Household contains people age 14 + NOT related to reference person — Ask item 123a
- All others — Go to Control Card item 9a

	6 29 ↓	6 30 ↓	6 31 ↓	6 32 ↓
<p>Enter line number(s).</p> <p>123a. Thank you very much for your cooperation. I have a few questions that I would like to ask . . . , . . . , and . . . (Names of nonrelatives). Are they here now?</p>	<p>4660 Line number</p> <p style="text-align: center;">[][]</p> <p>4670</p> <p>1 <input type="checkbox"/> Yes — Skip to item 123c</p> <p>2 <input type="checkbox"/> No — Ask item 123b</p>	<p>4660 Line number</p> <p style="text-align: center;">[][]</p> <p>4670</p> <p>1 <input type="checkbox"/> Yes — Skip to item 123c</p> <p>2 <input type="checkbox"/> No — Ask item 123b</p>	<p>4660 Line number</p> <p style="text-align: center;">[][]</p> <p>4670</p> <p>1 <input type="checkbox"/> Yes — Skip to item 123c</p> <p>2 <input type="checkbox"/> No — Ask item 123b</p>	<p>4660 Line number</p> <p style="text-align: center;">[][]</p> <p>4670</p> <p>1 <input type="checkbox"/> Yes — Skip to item 123c</p> <p>2 <input type="checkbox"/> No — Ask item 123b</p>
<p>b. As I mentioned earlier, we are concerned about housing costs compared to income. What is your estimate of . . . 's total income before deductions in the last 12 months?</p>	<p>4680</p> <p style="text-align: center;">■</p> <p>\$ _____ .00</p> <p>o <input type="checkbox"/> None</p> <p><i>(If unable to estimate, ask best time to reach nonrelative by telephone. Ask item 123c of nonrelatives who are here, and then skip to Control Card item 9a.)</i></p>	<p>4680</p> <p style="text-align: center;">■</p> <p>\$ _____ .00</p> <p>o <input type="checkbox"/> None</p> <p><i>(If unable to estimate, ask best time to reach nonrelative by telephone. Ask item 123c of nonrelatives who are here, and then skip to Control Card item 9a.)</i></p>	<p>4680</p> <p style="text-align: center;">■</p> <p>\$ _____ .00</p> <p>o <input type="checkbox"/> None</p> <p><i>(If unable to estimate, ask best time to reach nonrelative by telephone. Ask item 123c of nonrelatives who are here, and then skip to Control Card item 9a.)</i></p>	<p>4680</p> <p style="text-align: center;">■</p> <p>\$ _____ .00</p> <p>o <input type="checkbox"/> None</p> <p><i>(If unable to estimate, ask best time to reach nonrelative by telephone. Ask item 123c of nonrelatives who are here, and then skip to Control Card item 9a.)</i></p>
<p>c. (Introduce yourself, give letter, then say:)</p> <p>I have been asking . . . a few questions about this building. One of the main housing problems today is the cost of housing compared to income. What was your income before deductions in the past 12 months?</p>	<p>4680</p> <p style="text-align: center;">■</p> <p>\$ _____ .00</p> <p>o <input type="checkbox"/> None</p> <p><i>Go to next nonrelative. If none, go to Control Card item 9a.</i></p>	<p>4680</p> <p style="text-align: center;">■</p> <p>\$ _____ .00</p> <p>o <input type="checkbox"/> None</p> <p><i>Go to next nonrelative. If none, go to Control Card item 9a.</i></p>	<p>4680</p> <p style="text-align: center;">■</p> <p>\$ _____ .00</p> <p>o <input type="checkbox"/> None</p> <p><i>Go to next nonrelative. If none, go to Control Card item 9a.</i></p>	<p>4680</p> <p style="text-align: center;">■</p> <p>\$ _____ .00</p> <p>o <input type="checkbox"/> None</p> <p><i>Go to Control Card item 9a.</i></p>

Notes

URE INTERVIEWS

MARK OR ASK —

661 ↓

124. Are your living quarters in a —

(Read answer categories.)

1120

- 1 **Mobile home?**
- 2 **One-unit building detached from any other building?**
- 3 **One-unit building attached to one or more buildings? — Skip to item 126a**
- 4 **Building with two or more apartments? — Skip to item 125b**

125a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?

1130

- 1 Yes — *Fill Table X on Control Card then go to item 125b*
- 2 No — *Skip to item 127 and mark box 1 or 4*

b. How many apartments are in the (building/mobile home)?

1140

_____ Number — *Skip to item 127 and mark box 3 or 5*

126a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?

1150

- 1 Yes
- 2 No } *SKIP to item 126c*
- 3 Don't know }

b. How many (houses/apartments) share the attic or basement?

1160

_____ Number — *If one, reask item 126a and correct entry. If more than one, skip to item 127 and mark box 3.*

c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?

1170

- 1 Yes
- 2 No } *SKIP to item 126e*
- 3 Don't know }

d. How many (houses/apartments) share the furnace or boiler?

1180

_____ Number — *If one, reask item 126c and correct entry. If more than one, skip to item 127 and mark box 3.*

e. Are there any occupied or vacant apartments besides your own in the building?

1190

- 1 Yes — *Fill Table X on Control Card then go to item 126f*
- 2 No — *Skip to item 127 and mark box 2*

f. How many apartments are in the building?

1200

_____ Number — *If one, reask item 126e and correct entry. If more than one, go to item 127 and mark box 3.*

127. Number of units in building based on entries in items 124–126.

1210

- 1 One-unit building — detached
- 2 One-unit building — attached
- 3 Two-or-more-unit building . . . }
- 4 One-unit mobile home } *Skip to item 129a*
- 5 Two-or-more-unit mobile home }

128. Is the house built —

(Read answer categories until a "Yes" reply is received.)

1220

- 1 **With a basement under all the building?**
- 2 **With a basement under part of the building?**
- 3 **With a crawl space?**
- 4 **On a concrete slab?**
- 5 **In some other way? — Specify** ↴

129a. Is the (house/apartment) part of a cooperative or condominium?

1230

- 1 Yes, cooperative
- 2 Yes, condominium } *SKIP to item 130a, page 33*
- 3 No }

b. Do you mean the building is owned by a corporation whose shareholders have a right to occupy or rent out an individual unit?

- Yes
- No — *Reask item 129a and correct entry*

Notes

URE INTERVIEWS – Continued

130a. How many of each of the following rooms does the (house/apartment) have?
(For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "none" for all other rooms.)

(1) Bedrooms? _____ Number

0 None

(2) Full bathrooms?
(Hot and cold piped water AND sink AND flush toilet AND bathtub or shower) _____ Number

0 None

(3) Half bathrooms?
(Toilet OR bathtub OR shower) _____ Number

0 None

(4) Kitchens? _____ Number

0 None

(5) Living rooms? _____ Number

0 None

(6) Dining rooms? _____ Number → **Is it a separate room?**

0 None

1 Yes
 2 No — *Correct entry for number of dining rooms*

b. Are there any other rooms?
(Exclude halls, foyers, pantries, garages, porches or areas that aren't separated by a built-in, floor-to-ceiling wall extending at least a few inches into room.)

1 Yes
 2 No — *Skip to item 131*

c. What are they?

_____ Number of family rooms, dens, recreation rooms and/or libraries
 0 None

_____ Number of rooms that are business space with direct access to outside
 0 None

_____ Number of other rooms, finished or unfinished
 0 None

131. Does the (house/apartment) have a sink with piped water?
(Include any sink that hasn't been counted in a bathroom above.)
(Exclude sink used on a regular basis by someone living outside the unit.)

1 Yes
 2 No

132. Check Item (See item 130a.)
 One or more full bathrooms — *Skip to item 134a, page 34*
 No full bathrooms — *Ask item 133a*

133a. Does the (house/apartment) have a bathtub or shower for the occupants use only?

1 Yes
 2 No

b. Does the (house/apartment) have a flush toilet for the occupants use only?

1 Yes
 2 No

Notes

URE INTERVIEWS – Continued

134a. Is all the wiring in the finished areas of the (house/apartment) concealed in walls or metal coverings?

(Exclude appliance cords, extension cords, chandelier cords, telephone or antenna wires.)

1390

- 1 Yes, concealed
- 2 No
- 3 No electrical wiring — Skip to item 135a

b. Does every room have an electric outlet or wall plug that works?

1400

- 1 Yes
- 2 No

135a. Does the (house/apartment) have hot and cold piped water?

(Not used on a regular basis by someone outside the unit.)

1470

- 1 Yes
- 2 No — Skip to item 136a

b. What fuel is used MOST to heat the water?

1480

- 1 Electricity
- 2 Gas
- 3 Fuel oil
- 4 Kerosene or other liquid fuel
- 5 Coal or coke
- 6 Wood
- 7 Solar energy
- 8 Other — Specify _____

136a. Does water for the (house/apartment) come from a public or private system, an individual well, or some other source?

(Mark first category that applies.)

1510

- 1 Public or private water system — Skip to item 137a
- 2 Individual well — Ask item 136b
- 3 Spring
- 4 Cistern
- 5 Stream or lake
- 6 Bottled water
- 7 Other — Specify _____

} Skip to item 137a

b. How many (houses/apartments) does the well serve?

1520

- 1 One
- 2 2 to 5
- 3 6 or more

c. Is the well drilled or dug?

1530

- 1 Drilled
- 2 Dug

137a. Is the (house/apartment) connected to a public sewer?

1540

- 1 Yes — Skip to item 138a, page 35
- 2 No

b. What means of sewage disposal does the (house/apartment) have?

1550

- 1 Septic tank or cesspool — Ask item 137c
- 2 Chemical toilet
- 3 Outhouse or privy
- 4 Other — Specify ↴ _____
- 5 None

} Skip to item 138a, page 35

c. How many (houses/apartments) are connected to the (septic tank/cesspool)?

1560

- 1 One
- 2 2 to 5
- 3 6 or more

Notes

URE INTERVIEWS – Continued

138a. Does the (house/apartment) have a refrigerator? <i>(Exclude ice boxes.)</i> <i>(Exclude refrigerator used on a regular basis by someone living outside the unit.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1590</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 139a
b. Is it more than 5 years old? <i>(Age of newest if two or more)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1600</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
139a. Does the (house/apartment) have a garbage disposal in the sink?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1610</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 140a
b. Is it more than 5 years old?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1620</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
140a. Does the (house/apartment) have a cookstove or range with an oven? <i>(Include microwaves. Exclude toaster-ovens and portable burners.)</i> <i>(Exclude stove and oven used on a regular basis by someone living outside the unit.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1630</div> 1 <input type="checkbox"/> Yes — Skip to 140c 2 <input type="checkbox"/> No
b. Does the (house/apartment) have — (1) an oven? <i>(Include microwaves. Exclude toaster-ovens.)</i> (2) cooking burners? <i>(Exclude portable burners.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1640</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1650</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <div style="font-size: 3em; vertical-align: middle; margin-left: 10px;">}</div> If both are "No," skip to item 140d
c. (Is it/Are they) more than 5 years old? <i>(Age of newest if two or more)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1660</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. What fuel is used MOST for cooking?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1670</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Kerosene or other liquid fuel 4 <input type="checkbox"/> Coal or coke 5 <input type="checkbox"/> Wood 6 <input type="checkbox"/> Other 7 <input type="checkbox"/> No fuel used
141a. Does the (house/apartment) have a dishwasher?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1690</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 142a
b. Is it more than 5 years old?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1700</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
142a. Does the (house/apartment) have a clothes washer (---- /in the apartment)?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1710</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 143a
b. Is it more than 5 years old?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1720</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
143a. Does the (house/apartment) have a clothes dryer (---- /in the apartment)?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1730</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144a
b. Is it more than 5 years old?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1740</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. What kind of fuel does the dryer use?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1750</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other
144a. Does the (house/apartment) have central air conditioning?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1760</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144c
b. What kind of fuel does it use?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1770</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other <div style="font-size: 3em; vertical-align: middle; margin-left: 10px;">}</div> Skip to item 145a, page 36
c. Does the (house/apartment) have room air conditioners?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1780</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 145a, page 36
d. How many?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1790</div> _____ Number

URE INTERVIEWS – Continued

145a. What fuel is used MOST for heating the (house/apartment)?

- 1800**
- 1 Electricity
 - 2 Gas
 - 3 Fuel oil
 - 4 Kerosene or other liquid fuel
 - 5 Coal or coke
 - 6 Wood
 - 7 Solar energy
 - 8 Other – *Specify* _____
 - 9 None – *Skip to item 146*

b. Besides (Fuel marked in item 145a), what other fuel is used for heating the (house/apartment)?
(Mark all that apply.)

- 1810**
*
- 1 Electricity
 - 2 Gas
 - 3 Fuel oil
 - 4 Kerosene or other liquid fuel
 - 5 Coal or coke
 - 6 Wood
- 1820**
*
- 7 Solar energy
 - 8 Other – *Specify* _____
 - 9 None

146. Does the (house/apartment) have a usable fireplace?

- 1830**
- 1 Yes
 - 2 No

147. PLEASE LOOK AT THIS CARD.
What type of heating equipment is used MOST to heat the (house/apartment)?

- 1840**
- 1 A central warm-air furnace (with air vents or ducts to the individual rooms)
 - 2 Steam or hot-water system (radiators or other system using steam or hot water)
 - 3 Electric heat pump
 - 4 Other built-in electric units (permanently installed in wall, ceiling, or baseboards)
 - 5 Floor, wall, or other built-in hot-air heater without ducts
 - Room heaters – **(Is it /Are they) –**
 - 6 **Kerosene, gas, or oil heaters VENTED to the outside through a chimney, flue, or pipes?**
 - 7 **UNVENTED gas, oil, or kerosene heaters?**
 - 8 **Portable electric heaters?**
 - 9 Stove(s)
 - 10 Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)
 - 11 Fireplace(s) with NO inserts
 - 12 Other – *Specify* _____
 - 13 None – *Skip to item 149a, page 37*

148a. What other kinds of heating equipment does the (house/apartment) have?

- 1850**
*
- 1 A central warm-air furnace (with air vents or ducts to the individual rooms)
 - 2 Steam or hot-water system (radiators or other system using steam or hot water)
 - 3 Electric heat pump
 - 4 Other built-in electric units (permanently installed in wall, ceiling, or baseboards)
 - 5 Floor, wall, or other built-in hot-air heater without ducts
 - Room heaters – **(Is it /Are they) –**
 - 6 **Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes?**

b. Anything else?
(Mark all that apply.)

- 1860**
*
- 7 **UNVENTED gas, oil, or kerosene heaters?**
 - 8 **Portable electric heaters?**
 - 9 Stove(s)
- 1870**
*
- 10 Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)
 - 11 Fireplace(s) with NO inserts
 - 12 Other – *Specify* _____
 - 13 None

URE INTERVIEWS – Continued

149a. Does the (house/apartment) have a porch, deck, balcony, or patio measuring at least 4 feet by 4 feet? <i>(Exclude if already counted as a room)</i>	<div style="border: 1px solid black; padding: 2px;">1930</div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does the (house/apartment) have open cracks or holes in the inside walls or ceilings? <i>(Cracks thicker than a dime)</i>	<div style="border: 1px solid black; padding: 2px;">1940</div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Does the (house/apartment) have holes in the floors? <i>(Big enough for someone to trip in)</i>	<div style="border: 1px solid black; padding: 2px;">1950</div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? <i>(The size of a weekly news magazine or standard letter)</i>	<div style="border: 1px solid black; padding: 2px;">1960</div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

150a. Is the (house/apartment) INTENDED for year round use, for occupancy only on a seasonal basis, or for use by migrant workers?	<div style="border: 1px solid black; padding: 2px;">2460</div>	7 <input type="checkbox"/> Year round (occupied temporarily at time of interview) 8 <input type="checkbox"/> Seasonal – Summers only 9 <input type="checkbox"/> Seasonal – Winters only 10 <input type="checkbox"/> Other seasonal – <i>Specify</i> _____ 11 <input type="checkbox"/> Migratory
b. How many months has it been since the (house/apartment) was occupied as a permanent home?	<div style="border: 1px solid black; padding: 2px;">2470</div>	_____ Months (if 1 – 24 months) 00 <input type="checkbox"/> Less than 1 month 25 <input type="checkbox"/> Over 2 years 26 <input type="checkbox"/> Never occupied as a permanent home 27 <input type="checkbox"/> Don't know
c. Does the construction and heating of the (house/apartment) make it suitable for year-round use?	<div style="border: 1px solid black; padding: 2px;">2480</div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

151. Check Item (See Control Card item 8b.)

Owned – Skip to item 154

Rented – Ask item 152a

No cash rent – Skip to item 153a

152a. How often is the rent on the (house/apartment) due?	<div style="border: 1px solid black; padding: 2px;">2500</div>	_____ Times per year 12 <input type="checkbox"/> Monthly
b. How much is the rent? (- - - - /Include mobile home site rent, if any.) <i>(If parking billed separately, exclude it.)</i>	<div style="border: 1px solid black; padding: 2px;">2510</div>	\$ _____ 00

153a. Is a garage or carport included (in the rent/with the home)?	<div style="border: 1px solid black; padding: 2px;">2520</div>	1 <input type="checkbox"/> Yes – Skip to item 154 2 <input type="checkbox"/> No
b. Is an offstreet parking space included?	<div style="border: 1px solid black; padding: 2px;">2530</div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

154. Check Item (See item 127, page 32.)

Not a mobile home – Ask item 155

Mobile home – Skip to item 156, page 38

155. About when was the building originally built?	<div style="border: 1px solid black; padding: 2px;">2910</div>	<input type="checkbox"/> 1980 or later Month Year <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
	<div style="border: 1px solid black; padding: 2px;">2910</div>	1 <input type="checkbox"/> 1979 2 <input type="checkbox"/> 75–78 3 <input type="checkbox"/> 70–74 4 <input type="checkbox"/> 60–69 5 <input type="checkbox"/> 50–59 6 <input type="checkbox"/> 40–49 7 <input type="checkbox"/> 30–39 8 <input type="checkbox"/> 20–29 9 <input type="checkbox"/> 1919 or earlier

} Skip to item 158, page 38

Notes

URE INTERVIEWS – Continued

156. Excluding the dealer's lot, is this the first site on which this mobile home was placed?

2900 1 Yes, first site
 2 No, moved from another site
 3 Don't know

157. What is the model year for the mobile home?

2910 1980 or later →

Year

2910 1 1979
 2 75–78
 3 70–74
 4 60–69
 5 50–59
 6 40–49
 7 1939 or earlier

158. Check Item
 (See item 127, page 32)

Two-or-more-unit building or two-or-more-unit mobile home — Skip to item 160
 All others — Ask item 159a

159a. How large is the (lot/site)?
 (Include all connecting land that is owned or rented with the home.)
 If over one acre, drop any fractions, don't round up.
 If under one acre, convert to approximate square feet.

2980 _____ Square feet
 OR
 2990 _____ feet by
 3000 _____ feet
 OR
 3010 _____ Whole acres

0 Don't know — Ask item 159b

MARK OR ASK —

b. Is it more than 10 acres?

3020 1 Yes
 2 No

160. Check Item (See Control Card item 8b)

Owned — Ask item 161a
 Rented — Skip to item 171a, page 40
 Occupied without payment of cash rent — Skip to item 171a, page 40

161a. Is there a commercial establishment on the property?

3030 1 Yes
 2 No

b. Is there a medical or dental office on the property?

3040 1 Yes
 2 No

162a. Is the ownership of the (house/apartment) time-shared?

3070 1 Yes — Skip to item 163a
 2 No

b. How much do you think the (house/apartment) would sell for on today's market?
 (Include all connecting land; if multiunit building, estimate share of value applicable to sample unit.)

3100 \$ _____ .

00

163a. Is a garage or carport included with the (house/apartment)?

~ 6 61 ↓

2520 1 Yes — Skip to item 164
 2 No

b. Is an offstreet parking space included?

2530 1 Yes
 2 No

164. Check Item

a. (See item 127, page 32.)

Not a mobile home — Go to item 164b
 Mobile home — Skip to item 166a, page 39

b. (See item 129a, page 32.)

Condominium or cooperative — Ask item 165a, page 39
 All others — Skip to item 167, page 39

URE INTERVIEWS – Continued

165a. What were the real estate taxes last year for the (condominium/cooperative) unit?
(Include all connecting land. If multiunit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)

3520 \$ _____ . 00

b. (Is the owner/Are you) required to pay a (condominium/cooperative) association fee?

3570 1 Yes
 2 No — Skip to item 171a, page 40

c. How many times a year is the fee due?

3580 _____ Times per year
 12 Monthly

d. What is the average cost each . . . (Billing period)?

3590 \$ _____ . 00 Skip to item 171a, page 40

166a. On the mobile home (- - - /and it's lot) last year, what was the total cost of —
property and real estate taxes, registration fees, and license fees?
(Include all connecting owned land. Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)

3520 \$ _____ . 00

b. OBSERVE OR ASK —
Is the mobile home in a group of five or more?

3540 1 Yes
 2 No — Skip to item 168

c. (Is the owner/Are you) required to pay a mobile home park fee?

3550 1 Yes
 2 No — Skip to item 168

d. How many times a year is the fee due?

3555 _____ Times per year
 12 Monthly

e. What is the average cost each . . . (Billing period)?

3600 \$ _____ . 00 Skip to item 171a, page 40

167. What were the real estate taxes last year for the (house/apartment) and its land?
(Include all connecting owned land. If multiunit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)

3520 \$ _____ . 00

168. Check Item (See item 159b, page 38.)

On less than 10 acres — Ask item 169a
 On 10 acres or more — Skip to item 170a

169a. (Is the owner/Are you) required to pay a homeowner's association fee?

3570 1 Yes
 2 No — Skip to item 170a

b. How many times a year is the fee due?

3580 _____ Times per year
 12 Monthly

c. What is the average cost each . . . (Billing period)?

3590 \$ _____ . 00 Skip to item 171a, page 40

170a. In some parts of the country, people own their homes but rent the land. (Does the owner of the unit/Do you) pay rent for the land?

3610 1 Yes
 2 No — Skip to item 171a, page 40

b. How many times a year is the land rent due?

3630 _____ Times per year
 12 Monthly

c. What does it cost each time?

3640 \$ _____ . 00 per year

URE INTERVIEWS – Continued

<p>171a. Now I have some questions about utility costs. You may check your records if you wish.</p> <p>In the past 12 months what was the average monthly cost for electricity?</p>	<p>3670 \$ _____ . 00 per month — <i>If "All electric home," mark "not used" in items 171b and d without asking</i></p> <p>3680 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee, etc. 3 <input type="checkbox"/> Obtained free</p>	
<p><i>When two or more utilities are billed together, try to determine the cost of each.</i></p> <p>b. In the past 12 months what was the average monthly cost for gas?</p>	<p align="center">(1)</p> <p>3690 \$ _____ . 00 per month, OR →</p> <p>3700 1 <input type="checkbox"/> Not used — <i>Skip to d</i> 2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee 3 <input type="checkbox"/> Obtained free</p>	<p align="center">(2)</p> <p>Billed with — <i>(Mark all that apply.)</i></p> <p>3710 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Fuel oil 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>
<p>c. Is it from underground pipes or bottled gas?</p>	<p>3720 1 <input type="checkbox"/> Underground pipes serving neighborhood 2 <input type="checkbox"/> Bottled gas</p>	
<p>d. In the past 12 months what was the total cost for fuel oil?</p>	<p>3730 \$ _____ . 00 per year, OR →</p> <p>3740 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with — <i>(Mark all that apply.)</i></p> <p>3750 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>
<p>e. In the past 12 months what was the total cost for wood, coal, kerosene, or any other fuels?</p>	<p>3760 \$ _____ . 00 per year, OR →</p> <p>3770 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with — <i>(Mark all that apply.)</i></p> <p>3780 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage</p>
<p>f. In the past 12 months what was the total cost for garbage and trash collection?</p>	<p>3790 \$ _____ . 00 per year, OR →</p> <p>3800 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with — <i>(Mark all that apply.)</i></p> <p>3810 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Other fuel 5 <input type="checkbox"/> Water and sewage</p>
<p>g. In the past 12 months what was the total cost for water supply and sewage disposal?</p>	<p>3820 \$ _____ . 00 per year, OR →</p> <p>3830 1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee 3 <input type="checkbox"/> Obtained free</p>	<p>Billed with — <i>(Mark all that apply.)</i></p> <p>3840 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Other fuel 5 <input type="checkbox"/> Garbage and trash</p>

172. Check Item

a. (See Control Card item 8b.)
 Owned — *Skip to item 174a, page 41*
 Rented or occupied without payment of cash rent — *Go to item 172b*

b. (See item 127, page 32.)
 Two-or-more-unit building or two-or-more-unit mobile home — *Ask item 173a*
 All others — *Skip to item 174a, page 41*

173a. Does either the owner or a resident manager live in the (building/complex)?
(Exclude staff who do only maintenance.)

4400 1 Yes
2 No

b. What is the owner's name and address?
If don't know, ask —

Where do you send your rent?

~8 67 ↓

Name *(Please print)* _____

Address *(Number, street)* _____

City _____ State _____ ZIP Code _____

Title _____ Location _____

1 Owner 1 Home
2 Other 2 Office

c. What is the telephone number?

Area code, number, extension _____

1 Home 2 Business

INTERVIEWER OBSERVATION

175a. How many stories are in the building, including the basement?
(If split level, count greatest number of stories on top of each other.)

~ 6 09 ↓

4780

_____ Stories in building

OR

21 21 or more

b. What is the condition of the light fixtures in the public halls?

4790

- 1 No public halls
- 2 All in working order
- 3 Some in working order
- 4 None in working order
- 5 No light fixtures
- 6 Fixtures turned off, unable to determine if working, not obviously broken

c. How many stories are there from main entrance of building to main entrance of sample unit?

4800

_____ Stories up or down to home

0 Same floor

d. Is there a passenger elevator on this floor?

4810

- 1 No elevator
- 2 At least one working
- 3 All elevators not working

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

4820

- 1 No common stairways — Skip to item 175g
- 2 Yes
- 3 No

f. Are all railings on the common stairways firmly attached?

4830

- 1 No stair railings
- 2 Yes
- 3 No

g. What is the external condition of the building that contains the sample unit, as visible from front of building or roadway?

4840

- 1 Sagging roof
- 2 Missing roofing material
- 3 Hole in roof
- 4 Could not see roof

} Roof

- 5 Missing bricks, siding, or other outside wall material
- 6 Sloping outside walls

} Walls

4850

- 7 Boarded up window(s)
- 8 Broken window(s)
- 9 Bars on window(s)

} Windows

4860

- 10 Foundation crumbling or has open crack or hole
- 11 Could not see foundation

} Foundation

4870

- 12 None of the above
- 13 Could not observe any external conditions

h. How many mobile homes are in the group?

(Including sample mobile home)

4880

_____ Exact number

OR

21 21 or more

0 Sample unit not a mobile home

Notes

INTERVIEWER OBSERVATION – Continued

The items on this page concerns the area within 300 feet of the building in which sample unit is located:

176a. Which of these are within 300 feet of building containing the sample unit?

(Exclude this building.)

(Mark all that apply.)

- | | |
|-------------|---|
| 4890 | 1 <input type="checkbox"/> Single-family, detached house(s) |
| * | 2 <input type="checkbox"/> Single-family, attached house(s) or low-rise (1–3 story) multiunit building(s) |
| | 3 <input type="checkbox"/> Mid-rise (4–6 story) multiunit building(s) |
| | 4 <input type="checkbox"/> High-rise (7+ story) multiunit building(s) |
| | 5 <input type="checkbox"/> Mobile home(s) (exclude campers) |
| | 6 <input type="checkbox"/> Commercial, institutional, industrial building(s) |
| 4900 | 7 <input type="checkbox"/> Residential parking lot(s) |
| * | 8 <input type="checkbox"/> Body of water |
| | 9 <input type="checkbox"/> Open space, park, farm, or ranch |
| 4910 | 10 <input type="checkbox"/> Other – <i>Specify</i> ↘ |
| | _____ |
| | 11 <input type="checkbox"/> Could not observe |

b. What is the predominant age of residential buildings within 300 feet?

(Exclude this building.)

- | | |
|-------------|---|
| 4920 | 1 <input type="checkbox"/> Older than sample unit |
| | 2 <input type="checkbox"/> About the same |
| | 3 <input type="checkbox"/> Newer than sample unit |
| | 4 <input type="checkbox"/> Very mixed |
| | 5 <input type="checkbox"/> No other residential buildings |

c. Are any buildings vandalized, or interior exposed to the elements?

(Exclude this building.)

- | | |
|-------------|--|
| 4930 | 1 <input type="checkbox"/> Yes, only one vandalized or exposed |
| | 2 <input type="checkbox"/> Yes, more than one |
| | 3 <input type="checkbox"/> None vandalized or exposed |
| | 4 <input type="checkbox"/> No other buildings within 300 feet – <i>Skip to item 176e</i> |

d. Are there bars on windows of buildings in area?

(Exclude this building.)

- | | |
|-------------|---|
| 4940 | 1 <input type="checkbox"/> Yes, only one building with bars |
| | 2 <input type="checkbox"/> Yes, more than one |
| | 3 <input type="checkbox"/> No bars on windows |

e. What is the condition of streets?

- | | |
|-------------|---|
| 4950 | 1 <input type="checkbox"/> Major repairs needed |
| | 2 <input type="checkbox"/> Minor repairs needed |
| | 3 <input type="checkbox"/> No repairs needed |
| | 4 <input type="checkbox"/> No streets within 300 feet |

f. Is there trash, litter, or junk in streets, roads, empty lots, or on any properties?

(Include this building.)

- | | |
|-------------|---|
| 4960 | 1 <input type="checkbox"/> Major accumulation |
| | 2 <input type="checkbox"/> Minor accumulation |
| | 3 <input type="checkbox"/> None |

Notes

UNIT MEASUREMENT

177. Check Item — *Regular Occupied (See item 121h, page 30), URE Occupied (See item 174h, page 41)*

- "Yes" marked — *Go to item 178 — If callback required, mark item 10, page 1*
- "No" marked or blank — *Fill observation items on pages 42 and 43*

178. Obtain the measurements (length and width) of each story of the unit. Draw sketch (showing dimensions) in area below. Include basements and finished attics. Exclude unfinished attics, carports, attached garages, and porches that are not protected from the elements.

a. SKETCH

**OFFICE
USE
ONLY**

4970

_____ Square feet

b. ENTER DIMENSIONS HERE.

Rectangles or squares

	First (a)		Second (b)		Third (c)		Fourth (d)	
	Length	Width	Length	Width	Length	Width	Length	Width
	Ground/ basement							
1st floor								
2nd floor								
3rd floor								
4th floor								

c. Describe style of construction (*Ranch, Cape Cod, etc.*) or characteristics of the sample unit that would help to determine total number of square feet.

Dimensions —

- Do not include a garage
- Include a garage for ↗
 - One car
 - Two cars
 - Three or more cars

d. FILL OBSERVATION ITEMS ON PAGES 42 AND 43.