

This is the official questionnaire for this address.
 It is quick and easy to respond, and your answers are protected by law.

FOR
 OFFICIAL
 USE ONLY



Start here OR go online at [url removed] to complete your 2020 Census questionnaire.

Use a blue or black pen.

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

- Count all people, including babies, who live and sleep here most of the time.
- If no one lives and sleeps at this address most of the time, go online at [url removed] or call the number on page 8.

The census must also include people without a permanent place to live, so:

- If someone who does not have a permanent place to live is staying here on April 1, 2020, count that person.

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

- Do not count anyone living away from here, either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2020.
- Leave these people off your questionnaire, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2020?

Number of people =

2. Were there any additional people staying here on April 1, 2020 that you did not include in Question 1?

Mark all that apply.

- Children, related or unrelated, such as newborn babies, grandchildren, or foster children
- Relatives, such as adult children, cousins, or in-laws
- Nonrelatives, such as roommates or live-in babysitters
- People staying here temporarily
- No additional people

3. Is this house, apartment, or mobile home — Mark ONE box.

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

4. What is your telephone number?

We will only contact you if needed for official Census Bureau business.

Telephone Number

- -

1. Print name of **Person 5**

First Name MI
Last Name(s)

2. Does this person usually live or stay somewhere else?

Mark [X] all that apply.
No
Yes, for college
Yes, for a military assignment
Yes, for a job or business
Yes, in a nursing home
Yes, with a parent or other relative
Yes, at a seasonal or second residence
Yes, in a jail or prison
Yes, for another reason

3. How is this person related to Person 1? Mark [X] ONE box.

Opposite-sex husband/wife/spouse
Opposite-sex unmarried partner
Same-sex husband/wife/spouse
Same-sex unmarried partner
Biological son or daughter
Adopted son or daughter
Stepson or stepdaughter
Brother or sister
Father or mother
Grandchild
Parent-in-law
Son-in-law or daughter-in-law
Other relative
Roommate or housemate
Foster child
Other nonrelative

4. What is this person's sex? Mark [X] ONE box.

Male Female

5. What is this person's age and what is this person's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.
Age on April 1, 2020
Month Day Year of birth
years

NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this census, Hispanic origins are not races.

6. Is this person of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin
Yes, Mexican, Mexican Am., Chicano
Yes, Puerto Rican
Yes, Cuban
Yes, another Hispanic, Latino, or Spanish origin - Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.

7. What is this person's race?

Mark [X] one or more boxes AND print origins.

White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.

Black or African Am. - Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

American Indian or Alaska Native - Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.

Chinese Vietnamese Native Hawaiian
Filipino Korean Samoan
Asian Indian Japanese Chamorro
Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc.
Other Pacific Islander - Print, for example, Tongan, Fijian, Marshallese, etc.

Some other race - Print race or origin.

If more people were counted in Question 1 on the front page, continue with Person 6 on the next page.

Use this section to complete information for the rest of the people you counted in Question 1 on the front page.
We may call for additional information about them.

Person 7

First Name	MI	Last Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on April 1, 2020	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> years	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person 8

First Name	MI	Last Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on April 1, 2020	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> years	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person 9

First Name	MI	Last Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on April 1, 2020	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> years	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person 10

First Name	MI	Last Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on April 1, 2020	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> years	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JIC1	JIC2
<input type="text"/>	<input type="text"/>

Thank you for completing your 2020 Census questionnaire.

If your enclosed postage-paid envelope is missing,
please mail your completed questionnaire to:

U.S. Census Bureau
National Processing Center
[address removed]

If you need help completing this questionnaire, call [toll-free number removed], Sunday through Saturday from 7:00 a.m. to 2:00 a.m. ET.

TDD — Telephone display device for the hearing impaired. Call [toll-free number removed], Sunday through Saturday from 7:00 a.m. to 2:00 a.m. ET.

The U.S. Census Bureau estimates that completing the questionnaire will take 10 minutes on average. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-1006, U.S. Census Bureau [address removed] Washington, DC 20233. You may email comments to <[email address removed]>. Use "Paperwork Reduction Project 0607-1006" as the subject.

This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number 0607-1006 confirms this approval. If this number were not displayed, we could not conduct the census.