

Part D - INCOME AND ASSETS		PERSON 1
<p style="font-size: small; margin: 0;">Mark (X) box or ask for each nondeleted family member, including Armed Forces members living at home.</p>		<div style="border: 1px solid black; display: inline-block; padding: 2px;">RT 91</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">3-4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div>
<p>1a. In (month), did -- have a job or business?</p>	1a.	<p> <input type="checkbox"/> Under 14 (NP, or 6 on page 38) <input type="checkbox"/> Yes (1b) <input type="checkbox"/> No } (NP, or 6 on page 38) <input type="checkbox"/> DK } </p>
<p>b. In (month), was -- working for an employer, was -- self-employed, or both?</p> <p style="font-size: x-small; margin: 0;">Read if necessary: Examples of self-employment include business, professional practice, or farm.</p> <p style="font-size: x-small; margin: 0;">Mark (X) only one.</p>	b.	<p> <input type="checkbox"/> Employer only (2a) <input type="checkbox"/> Self-employed only (3 on page 34) <input type="checkbox"/> Both (4 on page 36) <input type="checkbox"/> DK (NP, or 6 on page 38) </p>
<p>2a. In (month), how many hours per week did -- usually work in -- MAIN job?</p>	2a.	<p style="text-align: right;">Hours per week</p> <p>(Number) _____</p> <p>99 <input type="checkbox"/> DK</p>
<p>b. Was -- paid by the hour at this MAIN job?</p>	b.	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p>
<p>c. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.</p>	c.	<p style="text-align: right;">\$ _____</p> <p style="text-align: right;">(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>
<p>d. How long has -- worked at this MAIN job?</p> <p style="font-size: x-small; margin: 0;">Mark (X) only one.</p>	d.	<p> <input type="checkbox"/> One year or less <input type="checkbox"/> More than a year, but not more than 3 years <input type="checkbox"/> More than 3 years, but not more than 5 years <input type="checkbox"/> More than 5 years, but not more than 10 years <input type="checkbox"/> More than 10 years <input type="checkbox"/> DK </p>
<p>e. In (month), how many hours per week did -- usually work at any OTHER jobs?</p>	e.	<p style="text-align: right;">Hours per week (2f)</p> <p>(Number) _____</p> <p>88 <input type="checkbox"/> None, only worked one job (2g) 99 <input type="checkbox"/> DK (2f)</p>
<p>f. In (month), how much income did -- receive BEFORE deductions in all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.</p>	f.	<p style="text-align: right;">\$ _____</p> <p style="text-align: right;">(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>
<p>g. In how many of the past 12 months did -- have AT LEAST ONE job or business?</p>	g.	<p style="text-align: right;">Months</p> <p>(Number) _____</p> <p>12 <input type="checkbox"/> All 99 <input type="checkbox"/> DK</p> <p style="font-size: x-small; margin: 0;">} (D1 on page 36)</p>
<p>Notes</p>		

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3a. In (month), how many hours per week did -- usually work in -- MAIN business?	3a.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">29-30</div> Hours per week (Number) 99 <input type="checkbox"/> DK
b. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses. <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>	b.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">31</div> 1 <input type="checkbox"/> Already included <div style="border: 1px solid black; padding: 2px; display: inline-block;">32</div> 0 <input type="checkbox"/> Loss \$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">33-39</div> (Dollars) 9999999 <input type="checkbox"/> DK
c. How long has -- worked at this MAIN business? <i>Mark (X) only one.</i>	c.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40</div> 1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than a year, but not more than 3 years 3 <input type="checkbox"/> More than 3 years, but not more than 5 years 4 <input type="checkbox"/> More than 5 years, but not more than 10 years 5 <input type="checkbox"/> More than 10 years 9 <input type="checkbox"/> DK
d. In (month), how many hours per week did -- usually work at all OTHER businesses?	d.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">41-42</div> Hours per week (3e) (Number) 88 <input type="checkbox"/> None, only worked at one business (3g) 99 <input type="checkbox"/> DK (3e)
e. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.	e.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">43</div> 1 <input type="checkbox"/> Already included <div style="border: 1px solid black; padding: 2px; display: inline-block;">44</div> 0 <input type="checkbox"/> Loss \$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">45-51</div> (Dollars) 9999999 <input type="checkbox"/> DK
f. In how many of the past 12 months was -- self-employed?	f.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">52-53</div> Months } If 01-11 (3g) (Number) } If 12 (D1 on page 36) 12 <input type="checkbox"/> All } (D1 on page 36) 99 <input type="checkbox"/> DK }
g. In how many of the past 12 months did -- have AT LEAST ONE job or business?	g.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">54-55</div> Months } (Number) } (D1 on page 36) 12 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }
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4a. In (month), how many hours per week did -- usually work in -- MAIN job or business?		4a.	56-57
		Hours per week (Number)	
		99 <input type="checkbox"/> DK	
b. Was this a job or business?		b.	58
		1 <input type="checkbox"/> Job (4c)	
		2 <input type="checkbox"/> Business (4e)	
		9 <input type="checkbox"/> DK (4c)	
c. Was -- paid by the hour at this MAIN job?		c.	59
		1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No	
		9 <input type="checkbox"/> DK	
d. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.		d.	60-66
		\$ _____ (Dollars) } (4f)	
		9999999 <input type="checkbox"/> DK	
e. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses. <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>		e.	67
		1 <input type="checkbox"/> Already included	
		0 <input type="checkbox"/> Loss	
		80	
		\$ _____ (Dollars)	
		9999999 <input type="checkbox"/> DK	
		69-75	
f. How long has -- worked at this MAIN [job/business]? <i>Mark (X) only one.</i>		f.	76
		1 <input type="checkbox"/> One year or less	
		2 <input type="checkbox"/> More than a year, but not more than 3 years	
		3 <input type="checkbox"/> More than 3 years, but not more than 5 years	
		4 <input type="checkbox"/> More than 5 years, but not more than 10 years	
		5 <input type="checkbox"/> More than 10 years	
		9 <input type="checkbox"/> DK	
g. In (month), how many hours per week did -- usually work at all OTHER jobs or businesses?		g.	77-78
		Hours per week (Number)	
		99 <input type="checkbox"/> DK	
h. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses. <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>		h.	79
		1 <input type="checkbox"/> Already included	
		0 <input type="checkbox"/> Loss	
		80	
		\$ _____ (Dollars)	
		9999998 <input type="checkbox"/> No other business	
		9999999 <input type="checkbox"/> DK	
		81-87	
i. In (month), how much income did -- receive BEFORE deductions from all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.		i.	88-94
		\$ _____ (Dollars)	
		9999998 <input type="checkbox"/> No other job	
		9999999 <input type="checkbox"/> DK	
j. In how many of the past 12 months was -- self-employed?		j.	95-96
		Months } If 01-11 (4k)	
		(Number) } If 12 (D1)	
		12 <input type="checkbox"/> All	
		99 <input type="checkbox"/> DK } (D1)	
k. In how many of the past 12 months did -- have AT LEAST ONE job or business?		k.	97-98
		Months (Number)	
		12 <input type="checkbox"/> All	
		99 <input type="checkbox"/> DK	
ITEM D1 <i>Refer to age.</i>		D1	99
		1 <input type="checkbox"/> 18+ (5 on page 38)	
		8 <input type="checkbox"/> Other (1a on page 32 for NP, or 6 on page 38)	

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<p><i>HAND CARD FD1. Read categories if telephone interview.</i></p> <p>5a. Thinking about -- (MAIN) job or business in (month), how many people are employed full and part time, including employees at all locations? Mark (X) only one.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">100</div> <p>5a.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1 <input type="checkbox"/> 1-9</p> <p>2 <input type="checkbox"/> 10-24</p> <p>3 <input type="checkbox"/> 25-49</p> <p>4 <input type="checkbox"/> 50-99</p> <p>5 <input type="checkbox"/> 100-499</p> <p>6 <input type="checkbox"/> 500-999</p> <p>7 <input type="checkbox"/> 1,000 or more</p> <p>9 <input type="checkbox"/> DK (5b)</p> </div> <div style="width: 35%; font-size: 2em; vertical-align: middle;">}</div> <div style="width: 5%; text-align: center; font-size: 0.8em;"> <p>(1a on page 32 for NP, or 6)</p> </div> </div>
<p>b. Thinking about the particular location where -- worked in (month), how many people are employed THERE full and part time? Mark (X) only one.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">101</div> <p>b.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1 <input type="checkbox"/> 1-9</p> <p>2 <input type="checkbox"/> 10-24</p> <p>3 <input type="checkbox"/> 25-49</p> <p>4 <input type="checkbox"/> 50-99</p> <p>5 <input type="checkbox"/> 100-499</p> <p>6 <input type="checkbox"/> 500-999</p> <p>7 <input type="checkbox"/> 1,000 or more</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="width: 35%; font-size: 2em; vertical-align: middle;">}</div> <div style="width: 5%; text-align: center; font-size: 0.8em;"> <p>(1a on page 32 for NP, or 6)</p> </div> </div>
<p>6a. In (month), did anyone in the family receive Social Security or Railroad Retirement payments? <i>Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold colored envelope.</i></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">102</div> <p>6a.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1 <input type="checkbox"/> Yes (6b)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="width: 35%; font-size: 2em; vertical-align: middle;">}</div> <div style="width: 5%; text-align: center; font-size: 0.8em;"> <p>(7)</p> </div> </div>
<p>b. Who was this? Mark (X) "SS/RR" in person's column.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">103</div> <p>b.</p> <p>1 <input type="checkbox"/> SS/RR</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (6d) <input type="checkbox"/> DK (6d) <i>Ask 6d-g as appropriate for each person with "SS/RR" marked in 6b.</i></p>	
<p>d. How much income did -- receive in (month), from Social Security or Railroad Retirement?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">104</div> <p>d.</p> <p>1 <input type="checkbox"/> Already included</p> <p>\$ (Dollars)</p> <p>9999 <input type="checkbox"/> DK</p> <div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">105-108</div>
<p>e. How long has -- received Social Security or Railroad Retirement income?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">109-110</div> <p>e.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(Number) 1 <input type="checkbox"/> Months</p> <p>2 <input type="checkbox"/> Years</p> <p>99 <input type="checkbox"/> DK</p> </div> <div style="width: 35%; font-size: 2em; vertical-align: middle;">}</div> <div style="width: 5%; text-align: center; font-size: 0.8em;"> <p>111</p> </div> </div>
<p><i>Ask 6f-g ONLY if person is under 65; otherwise, go to 6d for NP with "SS/RR" in 6b, or 7.</i></p>	
<p>f. Was -- Social Security or Railroad Retirement income received as a disability benefit?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">112</div> <p>f.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1 <input type="checkbox"/> Yes (6g)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="width: 35%; font-size: 2em; vertical-align: middle;">}</div> <div style="width: 5%; text-align: center; font-size: 0.8em;"> <p>(6d for NP with "SS/RR" in 6b, or 7)</p> </div> </div>
<p>g. Did -- receive this benefit because -- is disabled?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">113</div> <p>g.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="width: 35%; font-size: 2em; vertical-align: middle;">}</div> <div style="width: 5%; text-align: center; font-size: 0.8em;"> <p>(6d for NP with "SS/RR" in 6b, or 7)</p> </div> </div>
<p>7a. (Besides --) Has anyone in the family EVER APPLIED for disability benefits from Social Security? This includes people who applied for benefits even if the claim was denied.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">114</div> <p>7a.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1 <input type="checkbox"/> Yes (7b)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="width: 35%; font-size: 2em; vertical-align: middle;">}</div> <div style="width: 5%; text-align: center; font-size: 0.8em;"> <p>(8 on page 40)</p> </div> </div>
<p>b. Who was this? Mark (X) "Applied for SSA" in person's column.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">115</div> <p>b.</p> <p>1 <input type="checkbox"/> Applied for SSA</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No (7d) <input type="checkbox"/> DK (7d) <i>Ask 7d for each person with box marked in 7b.</i></p>	
<p>d. How many times has -- applied for disability benefits from Social Security?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">116-117</div> <p>d.</p> <p>(Number) Times applied for SSA</p> <p>99 <input type="checkbox"/> DK</p> <p>(7d for NP with 7b, or 8 on page 40)</p>

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<p>8a. In (month), did anyone in the family receive Supplemental Security Income or SSI? <i>Read if necessary: Federal SSI are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.</i></p> <hr style="border-top: 1px dashed black;"/> <p>b. Who was this? <i>Mark (X) "SSI" in person's column.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (8d) <input type="checkbox"/> DK (8d) <i>Ask 8d-e for each person with "SSI" marked in 8b.</i></p> <hr style="border-top: 1px dashed black;"/> <p>d. How much income did -- receive in (month) for Supplemental Security Income or SSI?</p> <hr style="border-top: 1px dashed black;"/> <p>e. How long has -- received Supplement Security Income?</p>	<p>8a. <input type="checkbox"/> Yes (8b) <input type="checkbox"/> No } (9) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> SSI</p> <p>d. \$ _____ (Dollars) 9999 <input type="checkbox"/> DK</p> <p>e. <input type="checkbox"/> Months (Number) <input type="checkbox"/> Years <input type="checkbox"/> DK (8d for NP with 8b, or 9)</p>	<p>5</p> <hr style="border-top: 1px dashed black;"/> <p>6</p> <hr style="border-top: 1px dashed black;"/> <p>7-10</p> <hr style="border-top: 1px dashed black;"/> <p>11-12 13</p>
<p>9a. (Besides --) Has anyone in the family EVER applied for Supplemental Security Income or SSI? This includes people who applied for benefits even if the claim was denied.</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who was this? <i>Mark (X) "Applied for SSI" in person's column.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No (9d) <input type="checkbox"/> DK (9d) <i>Ask 9d for each person with box marked in 9b.</i></p> <hr style="border-top: 1px dashed black;"/> <p>d. How many times has -- applied for Supplemental Security Income (SSI)?</p>	<p>9a. <input type="checkbox"/> Yes (9b) <input type="checkbox"/> No } (10) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> Applied for SSI</p> <p>d. _____ Times applied for SSI (Number) 99 <input type="checkbox"/> DK (9d for NP with 9b, or 10)</p>	<p>14</p> <hr style="border-top: 1px dashed black;"/> <p>15</p> <hr style="border-top: 1px dashed black;"/> <p>16-17</p>
<p>10a. In (month), did anyone in the family receive any disability pension (other than Social Security or Railroad Retirement)?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who was this? <i>Mark (X) "Disability" in person's column.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No (10d) <input type="checkbox"/> DK (10d) <i>Ask 10d for each person with "Disability" marked in 10b.</i></p> <hr style="border-top: 1px dashed black;"/> <p>d. How much did -- receive in (month) BEFORE deductions from a disability pension?</p>	<p>10a. <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No } (11 on page 42) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> Disability</p> <p>d. <input type="checkbox"/> Already included \$ _____ (Dollars) 9999 <input type="checkbox"/> DK (10d for NP with 10b, or 11 on page 42)</p>	<p>18</p> <hr style="border-top: 1px dashed black;"/> <p>19</p> <hr style="border-top: 1px dashed black;"/> <p>20</p> <hr style="border-top: 1px dashed black;"/> <p>21-24</p>
<p>Notes</p>		

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<p>11a. (In (month), did anyone in the family receive) Any retirement or survivor pension (other than [Social Security or Railroad Retirement/(or) disability pension])?</p> <p>-----</p> <p>b. Who was this? <i>Mark (X) "Pension" in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No (11d) <input type="checkbox"/> DK (11d) <i>Ask 11d for each person with "Pension" marked in 11b.</i></p> <p>-----</p> <p>d. How much income did -- receive BEFORE deductions from retirement or survivor pensions (other than [Social Security or Railroad Retirement/(or) disability pension]) in (month)?</p>	<p>11a.</p> <p>-----</p> <p>b.</p> <p>-----</p> <p>d.</p>	<p style="text-align: right;">25</p> <p>1 <input type="checkbox"/> Yes (11b) 2 <input type="checkbox"/> No } (D2) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">26</p> <p>1 <input type="checkbox"/> Pension</p> <p>-----</p> <p>1 <input type="checkbox"/> Already included 27</p> <p>\$ _____ 28-33 (Dollars) 999999 <input type="checkbox"/> DK (11d for NP with 11b, or D2)</p>
<p>ITEM D2</p>	<p><i>Refer to family composition and income in 8a on page 48 of HIS-1.</i></p>	<p style="text-align: right;">34</p> <p>D2</p> <p>1 <input type="checkbox"/> Single person family and income = \$20,000 or more (14 on page 44) 2 <input type="checkbox"/> Married couple only and family income = \$20,000 or more (14 on page 44) 8 <input type="checkbox"/> Other (12)</p>
<p>12a. In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare offices? Do not include SSI.</p> <p>-----</p> <p>b. Who was this? <i>Mark (X) "Welfare" in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No (12d) <input type="checkbox"/> DK (12d) <i>Ask 12d-f for each person with "Welfare" marked in 12b.</i></p> <p>-----</p> <p>d. Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)? <i>Mark (X) only one.</i></p> <p>-----</p> <p>e. In how many of the past 12 months did -- receive these payments?</p> <p>-----</p> <p>f. How much income did -- receive from public assistance or welfare in (month)?</p>	<p>12a.</p> <p>-----</p> <p>b.</p> <p>-----</p> <p>d.</p> <p>-----</p> <p>e.</p> <p>-----</p> <p>f.</p>	<p style="text-align: right;">35</p> <p>1 <input type="checkbox"/> Yes (12b) 2 <input type="checkbox"/> No } (13 on page 44) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">36</p> <p>1 <input type="checkbox"/> Welfare</p> <p>-----</p> <p>1 <input type="checkbox"/> AFDC 2 <input type="checkbox"/> Other 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">37</p> <p>12 <input type="checkbox"/> All 38-39 _____ Months (Number) 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">40</p> <p>1 <input type="checkbox"/> Already included 40 \$ _____ 41-44 (Dollars) 9999 <input type="checkbox"/> DK (12d for NP with 12b, or 13 on page 44)</p>
<p>Notes</p>		

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<p>13a. In (<i>month</i>), did anyone in the family receive food stamps? This includes receipt of a food stamp card or vouchers, or cash grants from the state for food.</p>	<p>13a.</p>	<p style="text-align: right;">45</p> <p>1 <input type="checkbox"/> Yes (13b) 2 <input type="checkbox"/> No } (14) 9 <input type="checkbox"/> DK</p>
<p>b. What was the total value of the food stamp allotment received in (<i>month</i>)? (This includes receipt of a food stamp card or vouchers, or cash grants from the state for food.)</p>	<p>b.</p>	<p style="text-align: right;">46-49</p> <p>\$ _____ (Dollars) 9999 <input type="checkbox"/> DK</p>
<p>14a. In (<i>month</i>), did anyone in the family have money in any kind of savings or other bank account that EARNED interest? Do not include dividends.</p> <p><i>Read if necessary: Include saving accounts, money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds or any other investments that earn interest.</i></p>	<p>14a.</p>	<p style="text-align: right;">50</p> <p>1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No } (15 on page 46) 9 <input type="checkbox"/> DK</p>
<p>b. Who was this?</p> <p><i>Mark (X) "Interest" in person's column.</i></p>	<p>b.</p>	<p style="text-align: right;">51</p> <p>1 <input type="checkbox"/> Interest</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 14b and c</i>) <input type="checkbox"/> No (14d) <input type="checkbox"/> DK (14d)</p> <p><i>Ask 14d-f as appropriate for each person with "Interest" marked in 14b.</i></p>	<p>d.</p>	<p style="text-align: right;">52</p> <p>1 <input type="checkbox"/> Already included } (14d for NP with 14b, or 15 on page 46) 53-58 \$ _____ (Dollars) 9999 <input type="checkbox"/> DK (14e)</p>
<p>d. What is your best estimate of the total amount of interest -- earned in (<i>month</i>)?</p>	<p>e.</p>	<p style="text-align: right;">57</p> <p>1 <input type="checkbox"/> More than \$25 (14f) 2 <input type="checkbox"/> Less than \$25 } (14d for NP with 14b, or 15 on page 46) 3 <input type="checkbox"/> \$25 exactly 9 <input type="checkbox"/> DK</p>
<p>e. Was it more than \$25 or less than \$25?</p>	<p>f.</p>	<p style="text-align: right;">58</p> <p>1 <input type="checkbox"/> \$25-\$99, 2 <input type="checkbox"/> \$100-\$499, 3 <input type="checkbox"/> \$500-\$999, 4 <input type="checkbox"/> \$1000-\$4999, or 5 <input type="checkbox"/> \$5000 or more? } (14d for NP with 14b, or 15 on page 46) 9 <input type="checkbox"/> DK</p>
<p>f. Was it - <i>Read answer categories.</i></p>	<p>Notes</p>	

Part D - INCOME AND ASSETS - Continued		PERSON 1
<p>15a. In (<u>month</u>), did anyone in the family receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts?</p>	<p>15a.</p> <p>1 <input type="checkbox"/> Yes (15b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (16)</p>	<p>59</p>
<p>b. Who was this? Mark (X) "Dividends" in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Dividends</p>	<p>60</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No (15d) <input type="checkbox"/> DK (15d) Ask 15d-f as appropriate for each person with "Dividends" marked in 15b.</p>	<p>d.</p> <p>1 <input type="checkbox"/> Already included } (15d for NP with 15b, or 16) 0 <input type="checkbox"/> Loss } \$ _____ } (Dollars) } 9999 <input type="checkbox"/> DK (15e)</p>	<p>61 62 63-66</p>
<p>d. What is your best estimate of the total amount that -- received from dividends, NET rental property income, royalties, estates, or trusts in (<u>month</u>)?</p>	<p>e.</p> <p>1 <input type="checkbox"/> More than \$25 (15f) 2 <input type="checkbox"/> Less than \$25 } (15d for NP with 15b, or 16) 3 <input type="checkbox"/> \$25 exactly } 9 <input type="checkbox"/> DK }</p>	<p>67</p>
<p>e. Was it more than \$25 or less than \$25?</p>	<p>f.</p> <p>1 <input type="checkbox"/> \$25-\$99, 2 <input type="checkbox"/> \$100-\$499, 3 <input type="checkbox"/> \$500-\$999, 4 <input type="checkbox"/> \$1000-\$4999, or 5 <input type="checkbox"/> \$5000 or more? 9 <input type="checkbox"/> DK } (15d for NP with 15b, or 16)</p>	<p>68</p>
<p>HAND CARD FD2. f. Was it - Read answer categories.</p>		
<p>16a. In (<u>month</u>), did anyone in the family receive income from ANY OTHER sources, such as veterans payments, worker's or unemployment compensation, child support or alimony? Do not include lump sum payments, such as money from an inheritance or sale of a home.</p>	<p>16a.</p> <p>1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (17 on page 48)</p>	<p>69</p>
<p>b. Who was this? Mark (X) "Other income" in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Other income</p>	<p>70</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No (16d) <input type="checkbox"/> DK (16d) Ask 16d-f as appropriate for each person with "Other Income" marked in 16b.</p>	<p>d.</p> <p>1 <input type="checkbox"/> Already included } (16d for NP with 16b, or 17 on page 48) \$ _____ } (Dollars) } 9999 <input type="checkbox"/> DK (15e)</p>	<p>71 72-75</p>
<p>d. How much income did -- receive in (<u>month</u>) from ALL OTHER sources?</p>	<p>e.</p> <p>1 <input type="checkbox"/> More than \$25 (16f) 2 <input type="checkbox"/> Less than \$25 } (16d for NP with 16b, or 17 on page 48) 3 <input type="checkbox"/> \$25 exactly } 9 <input type="checkbox"/> DK }</p>	<p>76</p>
<p>e. Was it more than \$25 or less than \$25?</p>	<p>f.</p> <p>1 <input type="checkbox"/> \$25-\$99, 2 <input type="checkbox"/> \$100-\$499, 3 <input type="checkbox"/> \$500-\$999, 4 <input type="checkbox"/> \$1000-\$4999, or 5 <input type="checkbox"/> \$5000 or more? 9 <input type="checkbox"/> DK } (16d for NP with 16b, or 17 on page 48)</p>	<p>77</p>
<p>HAND CARD FD2. f. Was it - Read answer categories.</p>		
<p>Notes</p>		

Part D - INCOME AND ASSETS - Continued		78
17a. Does anyone in the family own a car, truck, recreational vehicle, motorcycle, or boat?	<input type="checkbox"/> Yes (17b) <input type="checkbox"/> No <input type="checkbox"/> DK } (18)	
<i>HAND CARD FD3. Read categories if telephone interview.</i>		79
b. Altogether, how much are they worth? Mark (X) only one.	<input type="checkbox"/> Less than \$2,000 <input type="checkbox"/> \$2,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> DK	
18a. Is this [house/apartment] now -	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (Ask (2))	80
(1) Owned or being bought by you (or someone in the household)?		81
(2) Rented for money?	<input type="checkbox"/> Yes (18e) <input type="checkbox"/> No (Ask (3))	
(3) Occupied without payment of money rent?	<input type="checkbox"/> Yes } <input type="checkbox"/> No } (19)	82
<i>HAND CARD FD4. Read categories if telephone interview.</i>		83
b. About how much is this place worth on today's market? Mark (X) only one.	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000 - \$299,999 <input type="checkbox"/> \$300,000 - \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK	
c. Is it fully paid for or do you still owe something?	<input type="checkbox"/> Fully paid for, nothing is owed (19) <input type="checkbox"/> Still owe something (18d) <input type="checkbox"/> DK(19)	84
<i>HAND CARD FD5. Read categories if telephone interview.</i>		85
d. What is the monthly mortgage payment? Mark (X) only one.	<input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 - \$999 <input type="checkbox"/> \$1,000 - \$1,999 <input type="checkbox"/> \$2,000 or more <input type="checkbox"/> DK } (19)	
<i>HAND CARD FD5. Read categories if telephone interview.</i>		86
e. What is the monthly rent? Mark (X) only one.	<input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 - \$999 <input type="checkbox"/> \$1,000 - \$1,999 <input type="checkbox"/> \$2,000 or more <input type="checkbox"/> DK	
f. Does the monthly rent include meals and/or utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	87
19. [Do you/Does your family] own any other assets, such as another house, a business, or stocks and bonds?	<input type="checkbox"/> Yes (20) <input type="checkbox"/> No <input type="checkbox"/> DK } (Item D3)	88
20a. [Do you/Does your family] own other property, such as another home, rental property, or land?	<input type="checkbox"/> Yes (20b) <input type="checkbox"/> No <input type="checkbox"/> DK } (21)	89
<i>HAND CARD FD4. Read categories if telephone interview.</i>		90
b. If [you/your family] sold this other property now and paid off any debts on it, about how much would [you/your family] get? Mark (X) only one.	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000 - \$299,999 <input type="checkbox"/> \$300,000 - \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK	