

Section 4 – TOPICAL MODULES

Part A – ASSETS AND LIABILITIES

STATEMENT C Read to respondent: **These next questions concern various assets and liabilities.**

1a. As of (Read last day of reference period), did anyone outside of this household owe money to . . . as the result of the sale of a business or property? (Exclude mortgages owed to . . . which have already been reported.)

8200 1 Yes
 2 No
 x1 DK
 x2 Ref. } *SKIP to 2a*

b. How much was owed to . . . ?

(If shared, count only . . .'s share.)

8202 \$. 00
 x1 DK
 x2 Ref.
8203 1 Office Use Only

ASK OR VERIFY –

2a. Did . . . own any U.S. Savings Bonds (Series E, or EE) as of (Read last day of reference period)?

8204 1 Yes
 2 No – *SKIP to Check Item T1*

b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned?

(If ownership was shared, count only . . .'s share.)

8206 \$. 00
 x1 DK
 x2 Ref.

CHECK ITEM T1 Interview status of . . .'s spouse.

8208 1 No spouse in household – *SKIP to 4a*
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted – *SKIP to 4a*

2c. As of (Read last day of reference period), did . . . own jointly with . . .'s (husband/wife) any checking accounts which do NOT earn interest?

8209 1 Yes
 2 No
 x1 DK
 x2 Ref. } *SKIP to 3a*

d. What is your best estimate of the amount of money . . . and . . .'s (husband/wife) had in those checking accounts as of (Read last day of reference period)?

8210 \$. 00
 x3 None
 x1 DK
 x2 Ref.

3a. As of (Read last day of reference period), did . . . and . . .'s (husband/wife) together owe any money for –

(1) Store bills or credit card bills?

8212 1 Yes
 2 No
 x1 DK
 x2 Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

8216 1 Yes
 2 No
 x1 DK
 x2 Ref.

(3) Any other debt we have not yet mentioned (include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)?

8220 1 Yes
 2 No
 x1 DK
 x2 Ref.

If "Yes" to 3a ask –
3b. How much was owed as of (Read last day of reference period)?

8214 \$. 00
 x1 DK – *Probe*
 x2 Ref.

8218 \$. 00
 x1 DK – *Probe*
 x2 Ref.

8222 \$. 00
 x1 DK – *Probe*
 x2 Ref.

NOTES

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

4a. (Besides any checking accounts owned jointly with . . . 's spouse,) as of (Read last day of reference period), did . . . own any (other) checking accounts which did NOT earn interest?

8232 Yes
 No
 DK
 Ref. } SKIP to 4c

b. What is your best estimate of the amount of money . . . had in those checking accounts as of (Read last day of reference period)?

(If account was shared, count only . . . 's share.)

8233 \$. 00
 None
 DK
 Ref.

c. Did . . . have any debts, such as credit card bills, loans from a financial institution, or educational loans, in . . . 's OWN name?

8234 Yes
 No
 DK
 Ref. } SKIP to Check Item T2

d. As of (Read last day of reference period), did . . . owe any money (in . . . 's OWN name) for –

If "Yes" to 4d ask –

4e. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

8236 Yes
 No
 DK
 Ref.

8238 \$. 00
 DK – Probe
 Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

8240 Yes
 No
 DK
 Ref.

8242 \$. 00
 DK – Probe
 Ref.

(3) Any other debt we have not yet mentioned (include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)?

8244 Yes
 No
 DK
 Ref.

8246 \$. 00
 DK – Probe
 Ref.

CHECK ITEM T2

Refer to cc item 24.

Is . . . 21 years of age or older?

8258 Yes
 No – SKIP to 7a, page 60

5a. Does . . . have any Individual Retirement Accounts – any IRAs – in . . . 's OWN name?

(Do not mark "Yes" if . . . is only included in spouse's IRA account.)

8260 Yes
 No
 DK
 Ref. } SKIP to 6a

b. For how many years has . . . contributed to . . . 's IRA accounts?

8262 Years
 DK
 Ref. – SKIP to 6a

c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of . . . 's IRA accounts?



8264 \$. 00 – SKIP to 5e
 DK
 Ref. – SKIP to 6a

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8266 Yes – Mark Callback Summary and Reminder Card, Item 17
 No
 DK
 Ref. } SKIP to 6a

e. (Please look at Card AA.) As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's IRA accounts?

Mark (X) all that apply.

Anything else?

8268 Certificates of deposit or other saving certificates
8270 Money market funds
8272 U.S. Government securities
8274 Municipal or corporate bonds
8276 U.S. Savings Bonds
8278 Stocks or mutual fund shares
8280 Other assets – Specify

8282 DK

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

<p>6a. Does . . . have a KEOGH account in . . .'s OWN name?</p>	<p>8284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 7a</i></p>
<p>b. For how many years has . . . contributed to . . .'s KEOGH account?</p>	<p>8286 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 7a</i></p>
<p>c. As of (Read last day of reference period), what was the total balance or market value of assets in . . .'s KEOGH account(s)?</p> <p align="center">★</p>	<p>8288 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 6e</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 7a</i></p>
<p>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8290 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 18</i> 2 <input type="checkbox"/> No – <i>SKIP to 7a</i></p>
<p>e. (Please look at Card AA.) As of (Read last day of reference period), which kinds of assets did . . . hold in . . .'s KEOGH account(s)?</p> <p><i>Mark (X) all that apply.</i></p> <p>Anything else?</p>	<p>8292 1 <input type="checkbox"/> Certificates of deposit or other savings certificates 8294 2 <input type="checkbox"/> Money market funds 8296 3 <input type="checkbox"/> U.S. Government securities 8298 4 <input type="checkbox"/> Municipal or corporate bonds 8300 5 <input type="checkbox"/> U.S. Savings Bonds 8302 6 <input type="checkbox"/> Stocks or mutual fund shares 8304 7 <input type="checkbox"/> Other assets – <i>Specify</i> <input checked="" type="checkbox"/></p> <p>8306 x1 <input type="checkbox"/> DK</p>
<p>7a. Does . . . have any life insurance? (Include group policies provided by employers.)</p>	<p>8308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to Statement D, page 61</i></p>
<p>b. What is the current FACE VALUE of ALL life insurance policies that . . . has?</p>	<p>8309 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8310 1 <input type="checkbox"/> Office Use Only</p>
<p>c. What types of life insurance does . . . have – is it "term insurance", "whole life", or does . . . have both of these types?</p>	<p>8312 1 <input type="checkbox"/> Term only 2 <input type="checkbox"/> Whole life only 3 <input type="checkbox"/> Both types x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T3 Is "Worked" (code 170) marked on the ISS?</p>	<p>8314 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 61</i></p>
<p>7c. Are any of . . .'s life insurance policies provided through . . .'s current employer(s)?</p>	<p>8316 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 61</i></p>
<p>d. What is the FACE VALUE of the life insurance policies provided through . . .'s employer(s)?</p>	<p>8318 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – MEDICAL EXPENSES AND WORK DISABILITY

STATEMENT D → These next questions concern payments that . . . may have made last month for medical bills for himself/herself or his/her family.

1. During (Read last month), did . . . pay any of the following:

- | | | | | |
|---|-------------|--------------------------------|-------------------------------|--------------------------------|
| a. Doctor bills? | 8400 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| b. Dentist bills? | 8402 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| c. Hospital bills? | 8404 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| d. Expenses for prescription medicine? | 8406 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |

CHECK ITEM T4 Is one or more "Yes" boxes marked in item 1? **8408** 1 Yes
2 No – SKIP to Check Item T5

2. Not counting amounts already reported by another family member or amounts that will be reimbursed by insurance, how much did . . . pay for medical expenses in the month of (Read last month)?

8410 \$. 00
x1 DK
x2 Ref.

CHECK ITEM T5 Refer to cc item 24. What is . . . 's age? **8412** 1 15 years old – SKIP to Check Item T9
2 16 to 67 years old
3 68 years old or older – SKIP to Check Item T9

CHECK ITEM T6 Refer to item 18a on page 7. What is marked in item 18a? **8413** 1 Item 18a is blank
2 "Yes" in item 18a – SKIP to 3a
3 "No" in item 18a – Skip to Check Item T9

STATEMENT E → Now I want to ask about any health or physical condition . . . may have that affected . . . 's ability to work.

CHECK ITEM T7 Refer to cc item 47. Is "Disabled" (code 171) marked on the control card for . . . ? **8416** 1 Yes
2 No – SKIP to 3b

3a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct? **8418** 1 Yes – SKIP to Check Item T8
2 No – SKIP to Check Item T9

b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do? **8420** 1 Yes – Mark "171" on ISS
2 No – SKIP to Check Item T9

CHECK ITEM T8 Is "Worked" (code 170) marked on the ISS? **8422** 1 Yes – SKIP to Check Item T9
2 No

4a. Does . . . 's health or condition prevent . . . from working at a job or business? **8424** 1 Yes
2 No – SKIP to Check Item T9

b. Has . . . been prevented from working for the past 12 months or longer? **8426** 1 Yes – SKIP to Check Item T9
2 No

c. Is it likely that . . . will be able to work at some time in the next 12 months? **8428** 1 Yes
2 No
x1 DK

Go to Check Item T9

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES

CHECK ITEM T9 Is this the reference person's questionnaire? **8526** 1 Yes
2 No – SKIP to Check Item P1, page 67

STATEMENT F Read to respondent: **These next questions concern housing costs and automobile ownership.**

CHECK ITEM T10 Refer to cc item 14. Is this housing unit a mobile home? **8528** 1 Yes – SKIP to Check Item T14, page 63
2 No

CHECK ITEM T11 Refer to cc item 15. Tenure **8530** 1 Owned or being bought
2 Rented for cash – SKIP to 5
3 Occupied without cash payment – SKIP to 6

ASK OR VERIFY –

1a. Which persons in this household are the owners of this home?

8532 Person No. Name _____
8534 _____
8536 _____

b. In what month and year was this home purchased?

8538 Month _____ **8539** Year **1** **9** _____
 x1 DK x1 DK

c. (Including rental properties attached to or located on . . . 's own residence), is there a mortgage, home equity loan, or other debt on this home?

8540 1 Yes
2 No
x1 DK } SKIP to 2
x2 Ref. }

d. Altogether, how many mortgages, home equity loans, or other debts are there on this home?

8542 Number
x1 DK

(Ask questions 1e–1k for first mortgage and then return to 1e again for any second mortgage or other loan.)

	First mortgage	Second mortgage or other loan
e. How much principal is currently owed on this (first/other) mortgage (debt)? (If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)	8564 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8566 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	8565 1 <input type="checkbox"/> Office Use Only	8567 1 <input type="checkbox"/> Office Use Only

f. In what year was this mortgage (loan) obtained? (If mortgage was assumed, give the original date of the mortgage.)	8568 1 9 _____ Year – If 1992, 1993, or 1994, ask month x1 <input type="checkbox"/> DK	8570 1 9 _____ Year – If 1992, 1993, or 1994, ask month x1 <input type="checkbox"/> DK
	8569 _____ Month x1 <input type="checkbox"/> DK	8571 _____ Month x1 <input type="checkbox"/> DK

g. What was the amount of the mortgage (loan) when it was obtained or last refinanced? (If mortgage was assumed, give the original amount of the mortgage.)	8572 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2	8574 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2
	8573 1 <input type="checkbox"/> Office Use Only	8575 1 <input type="checkbox"/> Office Use Only

h. What is the total number of years over which payments are to be made?	8576 _____ Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK	8578 _____ Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK
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i. What is the current annual interest rate on this mortgage (loan)?	8580 _____ . _____ Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8582 _____ . _____ Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
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j. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?	8584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
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Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

1k. Was this mortgage obtained through an FHA or VA mortgage program?	8587 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8589 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
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CHECK ITEM T12 Refer to item 1d, page 62. Is there another loan or mortgage?	8592 1 <input type="checkbox"/> Yes – Ask item 1e, page 62, for next loan or mortgage 2 <input type="checkbox"/> No – SKIP to 2	Go to Check Item T13
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CHECK ITEM T13 Refer to item 1d, page 62. Are there 3 or more mortgages or loans on this home?	8594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	
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1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?	8596 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8597 1 <input type="checkbox"/> Office Use Only	
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2. (Including rental properties attached to or located on . . . 's own residence), what is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale?	8598 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8599 1 <input type="checkbox"/> Office Use Only	} SKIP to 5
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CHECK ITEM T14 Refer to cc item 15. Tenure of mobile home.	8608 1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Rented for cash – SKIP to 5 3 <input type="checkbox"/> Occupied without cash rent – SKIP to 6	
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3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?	8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	} SKIP to 4
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b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?	8612 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home	
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c. How much principal is currently owed on this (these) mortgage(s)?	8624 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
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4. How much do you think this mobile home (and SITE) would sell for today if it were for sale?	8630 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
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5. How much was this household's (rent/mortgage payment) last month? <i>(Include any condominium or association fees.)</i>	8638 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	} SKIP to Check Item T16, page 64
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6. How much did this household pay for electricity, gas, basic telephone service, and other utilities last month? <i>(Other utilities include other fuels and water. Include only payments made in addition to those reported in item 5.)</i>	8640 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> Nothing or included in rent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	} SKIP to Check Item T16, page 64
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NOTES

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

<p>10a. Last month, did anyone here pay for the care of a child or a disabled person so that a household member could work, attend training, or look for a job?</p>	<p>8656 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T17</p>												
<p>b. What was the total cost of these care arrangements for the month of (Read last month)?</p>	<p>8657 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<p>CHECK ITEM T17 Refer to cc items 16a and 16b. Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?</p>	<p>8658 <input type="checkbox"/> In a public housing project } SKIP to 12a <input type="checkbox"/> Subsidized <input type="checkbox"/> Neither public nor subsidized</p>												
<p>11a. Does . . . or anyone else in this household own any (other) real estate such as a vacation home or undeveloped lot? Exclude rental property previously reported or rental property attached to or located on the same land as . . . 's own residence.</p>	<p>8660 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 12a</p>												
<p>b. Which persons in this household are the owners of this (these) property(ies)?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:40%;">Person No.</td> <td style="width:50%;">Name</td> </tr> <tr> <td>8662</td> <td><input style="width: 30px;" type="text"/></td> <td>_____</td> </tr> <tr> <td>8664</td> <td><input style="width: 30px;" type="text"/></td> <td>_____</td> </tr> </table>		Person No.	Name	8662	<input style="width: 30px;" type="text"/>	_____	8664	<input style="width: 30px;" type="text"/>	_____			
	Person No.	Name											
8662	<input style="width: 30px;" type="text"/>	_____											
8664	<input style="width: 30px;" type="text"/>	_____											
<p>c. What is the total value of (Read persons' names) equity in this (these) property(ies)? (By equity, we mean the amount that could be obtained by selling the property and paying off any debts.)</p> <p><i>Count only share owned by household members.</i></p>	<p>8666 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>8667 <input type="checkbox"/> Office Use Only</p>												
<p>12a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?</p>	<p>8714 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 13a</p>												
<p>b. How many cars, trucks, or vans are owned by members of this household?</p>	<p>8716 <input style="width: 30px;" type="text"/> Number of motor vehicles</p>												
<p>c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">Vehicle 1</th> <th style="width:33%;">Vehicle 2</th> <th style="width:33%;">Vehicle 3</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p><i>(Ask items 12c–12g for vehicle 1 and then return to 12c for additional vehicles.)</i></p> </td> <td style="vertical-align: top;"> <p>Person No. 8718 <input style="width: 30px;" type="text"/></p> <p>Name _____</p> </td> <td style="vertical-align: top;"> <p>Person No. 8720 <input style="width: 30px;" type="text"/></p> <p>Name _____</p> </td> <td style="vertical-align: top;"> <p>Person No. 8722 <input style="width: 30px;" type="text"/></p> <p>Name _____</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Person No. 8724 <input style="width: 30px;" type="text"/></p> <p>Name _____</p> </td> <td style="vertical-align: top;"> <p>Person No. 8726 <input style="width: 30px;" type="text"/></p> <p>Name _____</p> </td> <td style="vertical-align: top;"> <p>Person No. 8728 <input style="width: 30px;" type="text"/></p> <p>Name _____</p> </td> <td></td> </tr> </tbody> </table>		Vehicle 1	Vehicle 2	Vehicle 3	<p><i>(Ask items 12c–12g for vehicle 1 and then return to 12c for additional vehicles.)</i></p>	<p>Person No. 8718 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8720 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8722 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8724 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8726 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8728 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	
	Vehicle 1	Vehicle 2	Vehicle 3										
<p><i>(Ask items 12c–12g for vehicle 1 and then return to 12c for additional vehicles.)</i></p>	<p>Person No. 8718 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8720 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8722 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>										
<p>Person No. 8724 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8726 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>	<p>Person No. 8728 <input style="width: 30px;" type="text"/></p> <p>Name _____</p>											
<p>d. What is the year, make, and model of this vehicle?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">Vehicle 1</th> <th style="width:33%;">Vehicle 2</th> <th style="width:33%;">Vehicle 3</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p>8730 <input style="width: 30px;" type="text"/> 1 <input style="width: 30px;" type="text"/> 9 <input style="width: 30px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>PGM 8 Make 8735 _____</p> <p>8736 x1 <input type="checkbox"/> DK</p> <p>Model 8741 _____</p> <p>x1 <input type="checkbox"/> DK 8742 _____</p> </td> <td style="vertical-align: top;"> <p>8732 <input style="width: 30px;" type="text"/> 1 <input style="width: 30px;" type="text"/> 9 <input style="width: 30px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>PGM 8 Make 8737 _____</p> <p>8738 x1 <input type="checkbox"/> DK</p> <p>Model 8743 _____</p> <p>x1 <input type="checkbox"/> DK 8744 _____</p> </td> <td style="vertical-align: top;"> <p>8734 <input style="width: 30px;" type="text"/> 1 <input style="width: 30px;" type="text"/> 9 <input style="width: 30px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>PGM 8 Make 8739 _____</p> <p>8740 x1 <input type="checkbox"/> DK</p> <p>Model 8745 _____</p> <p>x1 <input type="checkbox"/> DK 8746 _____</p> </td> <td></td> </tr> </tbody> </table>		Vehicle 1	Vehicle 2	Vehicle 3	<p>8730 <input style="width: 30px;" type="text"/> 1 <input style="width: 30px;" type="text"/> 9 <input style="width: 30px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>PGM 8 Make 8735 _____</p> <p>8736 x1 <input type="checkbox"/> DK</p> <p>Model 8741 _____</p> <p>x1 <input type="checkbox"/> DK 8742 _____</p>	<p>8732 <input style="width: 30px;" type="text"/> 1 <input style="width: 30px;" type="text"/> 9 <input style="width: 30px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>PGM 8 Make 8737 _____</p> <p>8738 x1 <input type="checkbox"/> DK</p> <p>Model 8743 _____</p> <p>x1 <input type="checkbox"/> DK 8744 _____</p>	<p>8734 <input style="width: 30px;" type="text"/> 1 <input style="width: 30px;" type="text"/> 9 <input style="width: 30px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>PGM 8 Make 8739 _____</p> <p>8740 x1 <input type="checkbox"/> DK</p> <p>Model 8745 _____</p> <p>x1 <input type="checkbox"/> DK 8746 _____</p>					
	Vehicle 1	Vehicle 2	Vehicle 3										
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<p>OFFICE USE ONLY</p> <p>PGM 7 _____</p> <p>8748 _____</p>	<p>OFFICE USE ONLY</p> <p>PGM 7 _____</p> <p>8750 _____</p>	<p>OFFICE USE ONLY</p> <p>PGM 7 _____</p> <p>8752 _____</p>											

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

	Vehicle 1	Vehicle 2	Vehicle 3
12e. Is this vehicle owned free and clear, or is there still money owed on it?	8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 12g</i> x1 <input type="checkbox"/> DK	8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 12g</i> x1 <input type="checkbox"/> DK	8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 12g</i> x1 <input type="checkbox"/> DK
f. How much is currently owed for this vehicle?	8760 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	8761 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	8762 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.
g. Is this vehicle used primarily for either business purposes or for the transportation of a disabled person?	8763 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8764 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8765 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T18 Is there another vehicle which has not been asked about?	8766 1 <input type="checkbox"/> Yes – Ask 12c for next vehicle 2 <input type="checkbox"/> No – Go to 13a	8768 1 <input type="checkbox"/> Yes – Ask 12c for next vehicle 2 <input type="checkbox"/> No – Go to 13a	<i>Go to 13a</i>
13a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle? <i>Mark (X) all that apply.</i>	8770 1 <input type="checkbox"/> Motorcycle 8772 2 <input type="checkbox"/> Boat 8774 3 <input type="checkbox"/> Recreational vehicle (RV) 8776 4 <input type="checkbox"/> Other – Specify _____ 8778 5 <input type="checkbox"/> No – SKIP to Check Item P1, page 67		
<i>Ask items 13b–13e for each category of vehicle.</i>	Category 1	Category 2	
b. Who is (are) the owner(s) of the (Read first/second category marked in 13a)?	8780 Person No. Name <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> _____ 8784 Person No. Name <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> _____	8782 Person No. Name <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> _____ 8786 Person No. Name <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> _____	
c. If this vehicle were sold, what would it sell for in its present condition?	8788 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item T19	8790 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item P1, page 67	
d. Is (are) this (these) vehicle(s) owned free and clear, or is there still money owed on it (them)?	8792 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item T19</i> x1 <input type="checkbox"/> DK	8794 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item P1, page 67</i> x1 <input type="checkbox"/> DK	
e. How much is currently owed for this (these) vehicle(s)?	8796 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	8798 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
CHECK ITEM T19 Is there another vehicle which has not been asked about?	8800 1 <input type="checkbox"/> Yes – Ask 13b for next vehicle 2 <input type="checkbox"/> No – Go to Check Item P1, page 67	<i>Go to Check Item P1, page 67</i>	

NOTES

PROGRAM QUESTIONS