



OFFICE OF FINANCIAL MANAGEMENT

STATE OF WASHINGTON

CENSUS TABULATION MANUAL

FORECASTING DIVISION

FEBRUARY 2009

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OFM Census Sheet A – Field Enumeration

Page No.

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:		Block Group:	
Year/Ordinance:		Block Number:	
Enumerators:			

Address Information				One Entry Only		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Street Name	Address No.	Apt. No.*	Housing Unit Seq. No.**	No. of Units in Structure*	Mobile Home/Trailer	Special***
					MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
 **Each housing unit is to be assigned a different housing unit sequence number.
 ***Special Housing are atypical living quarters not generally considered housing units (boats, boxcars, tents, RVs, etc.). Special Housing are only counted when occupied by person who meets the resident criteria.

Data Below This Line Are Confidential Per RCW 42.56.615

NAMES AND RESIDENCY SCREENING QUESTIONS ARE REQUIRED, NOT OPTIONAL

List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

- Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
- Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
- Are any of the persons listed above members of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
- Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
- Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	<input type="text"/>
----------------------	----------------------

Section 1

Introduction

This manual provides instructions on the final tabulation of population and housing by structure type from the Field Enumeration Sheet.

Three forms are needed to summarize population and housing by structure type from the completed and edited Field Enumeration Sheet:

1. Block Tabulation Sheet;
2. Block Group Tabulation Sheet; and,
3. Summary Tabulation Sheet.

This manual contains the most current revision of the summary sheets; however, you may use prior revisions. Instructions on the use of each form are presented in Sections Two through Four. A complete set of examples can be found in Section Five. Please refer to examples for clarification of the instructions. Definitions are provided in Section Six.

Instructions for completing the Field Enumeration Sheet are located in the Enumerator's Manual and are not repeated here. Completed Field Enumeration Sheets are used in completing the sample summary sheets included in Section Five.

For censuses conducted for April 1 populations, the Population Census Certification (Form C) is also used in the census process. Instructions for completion are included as part of the multi-page form with Form C.

Please call for help if you have any questions. You can reach the Office of Financial Management (OFM), Forecasting Division at (360) 902-0599 | ofm.forecasting@ofm.wa.gov.

Section 2 Block Tabulation Sheet

The Block Tabulation Sheet is designed to extract population and housing data by structure type directly from the Field Enumeration Sheet. A Block Tabulation Sheet must be completed for each block in every enumeration district in the census area. Shaded areas do not get entries (i.e., group quarters are not housing units and special units are not counted if vacant).

Each Block Tabulation Sheet contains information for one block only – even if the block contains few housing units.¹ Each sheet has room to record population and housing data for 50 housing units and/or group quarters facilities.

Form Layout

Individual Unit and/or Group Quarters Facility: The sheet has 25 lines (including two separate and distinct sections) to record data for 50 housing units and/or group quarters facilities.

Page Total: At the bottom is a section for recording the page total for population, group quarters population, housing units, and vacant housing units by structure type. Notice that the column headings for the page total section are at the top of the page, above the lines where housing unit data are entered.

Block Total: Below the page total is a section for recording the block total. This section is used if more than one page is needed for recording housing unit data (i.e., more than 50 housing units and/or group quarters facilities are in the block). If more than one page is used, record the block total on the first page only.

Basic Entries

Block Identification: Enter the identification information (i.e., city/town, year/ordinance, block group, block, and page) at the top of the sheet. This information should be transferred directly from the Field Enumeration Sheet(s).

Housing Unit Sequence Number (HU Seq. No.): Enter the housing unit sequence number for each housing unit in the identified block in the “HU Seq. No.” column. There should only be one housing unit per line. Each block begins with the housing unit number “1.” Continue to another page if there are more than 50 housing units. (Exception: See Group Quarters below)

¹ Only under one set of circumstances can data for more than one block be entered on one Block Tabulation Sheet. All of the following conditions must apply:

1. The blocks lack both population and housing units;
2. The blocks are in the same block group; and,
3. The blocks are numbered consecutively.

Population and Housing Unit by Type: On the same line as the Housing Unit Sequence Number, enter the total number of persons living in the housing unit in the column that identifies the type of structure:

	Structure Type		Structure Type
1:	1-Unit Structure	5+:	5-or-more Unit Structure
2:	2-Unit Structure	MH/T:	Mobile Home/Trailer
3:	3-Unit Structure	Spec:	Special Housing Unit
4:	4-Unit Structure	GQ:	Group Quarters

Make only one population entry per Housing Unit Sequence Number. Remember that each unit in a multi-unit structure receives a separate housing unit sequence number. Also, do not try to distinguish between mobile homes and house trailers. Both types are summarized in one number. Remember, travel trailers used as a permanent residence are categorized as a special housing unit. A travel trailer used solely as an additional bedroom is not considered a separate housing unit.

Vacant Units: If a housing unit is vacant, enter a “V” in the column where you would be putting the number of residents. Do not enter a zero. Do not spell out the word “vacant.”

Special Housing: Enter the number of persons residing in living quarters which are not usually considered a housing unit. Special housing units are usual living quarters that are not intended for permanent living (e.g., travel trailers, recreational vehicles, boats, boxcars, tents, motels, hotels, etc.). This type of housing unit should have a sequence number. Like group quarters below, indicate the type of special housing on the same line as the entry.

Group Quarters: Enter the total number of persons in each group quarters facility on a separate line in the GQ column. **DO NOT** assign a housing unit sequence number. The group quarters entry can be entered on the Block Tabulation Sheet where it was encountered in the enumeration process or as the last entry for the block. Indicate the type of facility on the same line as the entry – it is often handy to enter the facility name in the margin for later reference. Suggested abbreviations are:

- NURS – Nursing and Retirement Home
- DORM – College Dormitory
- INST – Mental and Penal Institution
- MIL – Military Installation
- OTH – Other

No Housing Units, No Population: If the block lacks both housing and population, write on a slant over the housing unit entry lines “No Population, No Housing Units” on the Block Tabulation Sheet. In the page total section, put zeroes in the single housing unit column only. The block can contain only population but no housing units (group quarters facilities) or housing units but no population (all units vacant).

The information for the Block Tabulation Sheet can be entered for all housing units at the same time after all callbacks have been **cleared, or singly as** information becomes available. The data **cannot** be entered by the enumerator while in the field. Once the information has been entered on the Block Tabulation Sheet, tabulation of population and housing information by type of structure may begin.

Tabulation

Population Total: Sum the number of persons by structure type and/or group quarters and enter in the appropriate column in the Page Total section at the bottom of the page. Remember, if there are more than 25 housing units and/or group quarters facilities, you will have to add the number from both sections! Be careful not to mix housing unit types.

The sum of the numerical values at the bottom of each column represents the total number of persons living in each type of housing structure. The example in this manual shows that in Block Group 11, Block 1, there are four persons in 1-unit structures, six persons in 2-unit structures, seven people in 4-unit structures, and one person in a MH/Trailer.

Housing Unit Total: Count the number of entries by unit type and enter the number in the appropriate column. Include in your total the “V’s” that indicate vacant units, as well as the units containing population. This is a count of the total number of housing units in the block regardless of occupancy. The example shows that in Block Group 11, Block 1, there are two 1-unit structures, two 2-unit structures, four 4-unit structures, and one MH/Tr. It is important to remember that the final housing unit count for a particular column must be divisible by itself (e.g., there should never be seven 2-unit structures, five 3-unit structures, or six 4-unit structures).

Vacancy Total: Count the number of “V’s” by unit type and enter the number in the appropriate column.

Block Total: If the block contains more than 50 housing units, you will have more than one page total for a single block. To get one set of totals for the entire block, add all page totals by unit type and enter it **only** in the Block Total section on the first summary page. Be sure not to add data from different structure types together.

Double Checking: Be sure to balance your totals. Census sheets should have totals for population, housing, and vacancies in the lower right hand corner.

Section 3

Block Group Tabulation Sheet

The Block Group Tabulation Sheet is designed to summarize population and housing data from the Block Tabulation Sheet. The Block Group Tabulation Sheet serves a dual purpose:

- Data from the Block Tabulation Sheet(s) are summarized to the block group area level; and,
- Data from the Block Group Tabulation Sheet(s) are summarized to the city total.

Data from the Block Tabulation Sheet(s) can be recorded on the Block Group Tabulation Sheet as each block is completed, or all at once when all blocks are completed. Whichever method is used, please be consistent in order to minimize problems. The numbers entered on the Block Group Tabulation Sheet are obtained from the Block Total section of the appropriate Block Tabulation Sheet.

Form Layout

The Block Group Tabulation Sheet has four main sections:

1. Identifiers;
2. Population by Unit Type;
3. Housing Unit by Unit Type; and,
4. Vacant Unit by Unit Type.

There is room for 20 blocks per sheet. If the enumeration district contains more than 20 blocks, more than one form is needed. Reserve the bottom line for page totals. If more than one page is needed, transfer page totals to a blank form and add them together to achieve the total population.

Basic Entries – Block Group Tabulation Data

Identification: Write the city/town name and year/ordinance at the top of the sheet. Room is also provided to indicate number of pages of summary sheets for the enumeration district.

Block Group: Enter the Block Group number (if available) in the first column.

Block Number: Enter the block number from the Block Tabulation Sheet. One entry is needed for each block. Only one line is used per block.

Population by Unit Type: Enter the total population by structure type (including group quarters) from the Block Tabulation Sheet(s) in the appropriate column. Add the population in all housing units and/or group quarters and enter a block total in the total column in this section.

Housing Unit by Unit Type: Enter the total number of housing units by structure type from the Block Tabulation Sheet(s) in the appropriate column. Add the number of housing units and enter a block total in the total column in this section. This total does not include the number of group quarters facilities – that will be entered on the Summary Tabulation Sheet.

Vacant Units by Unit Type: Enter the total number of vacant housing units by structure type from the Block Tabulation Sheet(s) in the appropriate column. Notice that a column is not included for special housing units. A special housing unit that is vacant is not possible, since by definition, it is not a housing unit, and therefore cannot be counted. Add the number of vacant housing units and enter a block total in the total column in this section.

Leave blank the columns not applicable to a specific block. If the structure type exists on that block, but the appropriate number of vacant housing units is zero, enter “0” in the column. See the examples in Section Five.

Block Group Total: On the bottom of the page, enter the column totals for the current page. If more than one page is needed for the enumeration district, the first page should have the totals entered on it from all pages.

No Population and No Housing Units: If a block lacks both housing units and population, enter the block number and a zero in each of the total columns. It is not necessary to enter zeroes in every column on the line.

Tabulation – Summing Block Group Tabulation Sheets (What to do when you have more than one block group)

If you have more than one block group, the entries from individual Block Group Tabulation Sheets may be summarized on a single, separate sheet.

Identification: Be sure to enter the city/town name and year of census.

City Totals: At the bottom of the Block Group Tabulation Sheet is a line called ALL Block Groups Grand Total. Transfer totals from the individual Block Group Tabulation Sheets and obtain a grand total for the enumeration district.

Double Checking: Be sure to balance your totals both vertically and horizontally. Again, compare grand totals for total population, housing, and vacancies with totals derived from the Block Tabulation Sheet(s) and Field Enumeration Sheet(s).

OFM Census Sheet D – Summary Tabulation

City/Town:		Total Population:	
Year/Ordinance:			

(Lines 1+2)

Units Per Structure	(1) Total Housing Units	(2) Vacant Housing Units	(3) Occupied Housing (1)-(2)	(4) Population	Pop. Per Occ. HU (4)/(3)	Percent Occupied (3)/(1)	Percent Vacant (2)/(1)
1-Unit Structures							
2-Unit Structures							
3-Unit Structures							
4-Unit Structures							
5 or more Units							
Manufactured Homes							
Special*							
1. Totals							

*Special Housing: Unusual living quarters not generally considered a housing unit (e.g., boats, boxcars, tents, etc.). Only counted when occupied by person(s) meeting "resident" criteria. Specify type of housing in comments section below.

Group Quarters	Number of Facilities	Population
Nursing/Convalescent Homes		
College Dormitories		
Mental/Correctional Institutions		
Military Installations (e.g., barracks, BEQ)		
Other (Specify):		
2. Total Group Quarters		

Census Costs**	Number of Staff <i>If known</i>	Hours Worked <i>If known</i>	Cost/Estimated Value
City staff w/o additional pay and/or volunteer staff			\$
City staff and/or hired staff/consultant with payment			\$
Transportation, supplies, etc. <i>if not included above</i>			\$
Total			\$

**This information is used to provide cities with an estimate of how much it costs to census. Your assistance in providing this information is valuable and appreciated.

Did the enumerators collect additional information or perform other tasks during the census? Yes No *(circle one)*

Comments:	
Census Administrator or Contact Person	
Name	Signed: _____ <i>(Mayor)</i> <i>(Date)</i>
Telephone #:	Attest: _____ <i>(City/Town Clerk or Census Administrator)</i> <i>(Date)</i>
Days/Hours of Operation:	

Section 4 Summary Tabulation Sheet

The Summary Tabulation Sheet is the final summary of population and housing and is submitted to the State for certification of the census results. This form is the last to be prepared. Every callback should either be resolved or classified as vacant; every Block Tabulation Sheet and Block Group Tabulation Sheet should be completed and balanced.

Form Layout

Identification and Total: At the top of the form are places for the city/town name, year/ordinance, and total population.

Top Section: Lines 1 through 8 are for recording data for 1-unit through 5-or-more unit structures, mobile homes, and specials.

Middle Section: Lines 9 through 14 are for recording data for group quarters. The data need to be categorized by type of group quarters. This is why the type of group quarters should be included on the Block Tabulation and Block Group Tabulation Sheets.

Bottom Section: This area contains room for census costs, comments, signatures of the mayor, city/town clerk or census administrator, and office hours.

Basic Entries

Total Housing Units: In Column 1 of the Top Section, enter the number of housing units by structure type from the final Block Group Tabulation Sheet. Each type of housing unit structure has a separate line.

Vacant Housing Units: In Column 2, enter the vacant housing unit data from the final Block Group Tabulation Sheet. Each type of housing unit structure has a separate line. By definition, there are no vacant special housing units.

Population: In Column 4, enter the population by structure type from the final Block Group Tabulation Sheet. Each type of housing unit structure has a separate line.

Group Quarters: In the first column of the middle section, enter the number of facilities by type of facility. In the second column, enter the population by type. This information can be derived by referring back to your notes on the Block Tabulation Sheet(s), Block Group Tabulation Sheet(s), or directly from your Field Enumeration Sheet(s). Be sure the final tabulations, by type of facility, are consistent with the total group quarters population shown on the Block Group Tabulation Sheet containing the city total.

Tabulation

If you are uncomfortable with tabulating the results on the Summary Tabulation Sheet, feel free to leave Columns 5 through 7 empty and one of our analysts will compute them for you.

Occupied Housing: Compute the number of occupied housing units by structure type by subtracting the vacant units in Column 2 from the total housing units in Column 1. Enter the results in Column 3.

Population per Occupied Housing Unit: Compute the population in occupied housing units by structure type. Divide the population in Column 4 by the occupied housing in Column 3 and enter the result in Column 5. Please calculate the average number up to two decimal places.

Percent Occupied: Compute the occupancy rate by dividing the number of occupied housing from Column 3 by the number of total housing units in Column 1. Enter the rate in Column 6. Please compute the rate up to two decimal places.

Percent Vacant: Compute the vacancy rate by dividing the number of vacant housing units from Column 2 by the number of total housing units in Column 1. Enter the rate in Column 7. Please compute the rate up to two decimal places.

Note: The occupancy and vacancy rates by structure type should add to 1.

General Comments: Do computations line by line. It is not necessary to type this summary form if the entries are neat and legible.

Comments/Signature

Comments: If any special housing units and population are listed on Line 7, note what kind they are in this section (e.g., boat, tent, boxcar, etc.).

Signatures: The form should be signed and dated by both the city/town mayor and the person responsible for conducting the census.

Office Days/Hours: Enter the city/town hall's office days and hours of operation. OFM personnel must be able to contact someone if problems are discovered during the office auditing procedures. Please list the person's name and telephone number if someone other than city personnel is to be responsible for clearing up problems.

Section 5 Form Examples

This section contains the completed Field Enumeration Sheets used to prepare the Block Tabulation Sheet, Block Group Tabulation Sheet, and Summary Tabulation Sheet.

OFM Census Sheet A – Field Enumeration

ONE HOUSING UNIT PER SHEET

Page No.

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Street Name	Address No.	Apt. No.*	Housing Unit Seq. No.**	No. of Units in Structure*	Mobile Home/Trailer	Special***
106 th Avenue SE	1001		1	1	MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
 **Each housing unit is to be assigned a different housing unit sequence number.
 ***Special Housing are atypical living quarters not generally considered housing units (boats, boxcars, tents, RVs, etc.). Special Housing are only counted when occupied by person who meets the resident criteria.

Data Below This Line Are Confidential

NAMES AND RESIDENCY SCREENING QUESTIONS ARE REQUIRED, NOT OPTIONAL

List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

1. Smith, John 6. _____
2. , Jane 7. _____
3. , Robert 8. _____
4. Talbot, Carrie 9. _____
5. _____ 10. _____

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	4
----------------------	---

OFM Census Sheet A – Field Enumeration

ONE HOUSING UNIT PER SHEET

Page No. 2

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/ Trailer	(7) Special***
106 th Avenue SE	1003		2	2	MHT	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
 **Each housing unit is to be assigned a different housing unit sequence number.
 ***Special Housing are atypical living quarters not generally considered housing units (boats, boxcars, tents, RVs, etc.). Special Housing are only counted when occupied by person who meets the resident criteria.

Data Below This Line Are Confidential

NAMES AND RESIDENCY SCREENING QUESTIONS ARE REQUIRED, NOT OPTIONAL

List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

- | | |
|----------------------------|-----------|
| 1. <u>Wright, Harold</u> | 6. _____ |
| 2. _____ | 7. _____ |
| 3. <u>Adams, Charlotte</u> | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
 2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
 3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
 4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
 5. Are there any other persons living in this house or on this property that I might miss? Yes No
- Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	3
----------------------	---

OFM Census Sheet A – Field Enumeration

Page No. 3

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/Trailer	(7) Special***
106th Avenue SE	1005		3	2	MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
 **Each housing unit is to be assigned a different housing unit sequence number.
 ***Special Housing are atypical living quarters not generally considered housing units (boats, boxcars, tents, RVs, etc.). Special Housing are only counted when occupied by person who meets the resident criteria.

Data Below This Line Are Confidential

NAMES AND RESIDENCY SCREENING QUESTIONS ARE REQUIRED, NOT OPTIONAL

List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

- | | |
|--|---|
| 1. <u>Dolby, Don</u>
2. <u>, Lisa</u>
3. <u>, Infant</u>
4. _____
5. _____ | 6. _____
7. _____
8. _____
9. _____
10. _____ |
|--|---|

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	3
----------------------	---

OFM Census Sheet A – Field Enumeration

Page No. 4

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/Trailer	(7) Special***
106 th Avenue SE	White Shingle		4	1	MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
 **Each housing unit is to be assigned a different housing unit sequence number.
 ***Special Housing are atypical living quarters not generally considered housing units (boats, boxcars, tents, RVs, etc.). Special Housing are only counted when occupied by person who meets the resident criteria.

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List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

- | | |
|------------------|-----------|
| 1. <u>Vacant</u> | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	0
----------------------	---

OFM Census Sheet A – Field Enumeration

Page No. 5

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/Trailer	(7) Special***
106 th Avenue SE	1007		5		MHT	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
 **Each housing unit is to be assigned a different housing unit sequence number.
 ***Special Housing are atypical living quarters not generally considered housing units (boats, boxcars, tents, RVs, etc.). Special Housing are only counted when occupied by person who meets the resident criteria.

Data Below This Line Are Confidential

NAMES AND RESIDENCY SCREENING QUESTIONS ARE REQUIRED, NOT OPTIONAL

List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

1. Alder, Richard 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	1
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OFM Census Sheet A – Field Enumeration

ONE HOUSING UNIT PER SHEET

Page No. 6

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/Trailer	(7) Special***
SE 124 th street	3442	1	6	4	MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
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- | | |
|------------------|-----------|
| 1. Jackson, Mary | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	1
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OFM Census Sheet A – Field Enumeration

Page No. 7

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Street Name	Address No.	Apt. No.*	Housing Unit Seq. No.**	No. of Units in Structure*	Mobile Home/Trailer	Special***
SE 124 th Street	3442	2	7	4	MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
 **Each housing unit is to be assigned a different housing unit sequence number.
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List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

1. Boysen, Hal 6. _____
2. _____, Violet 7. _____
3. ~~_____, Kyle~~ VOID 8. _____
4. _____ 9. _____
5. _____ 10. _____

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: Kyle City: Pullman State: WA
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: Kyle City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: Kyle City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	<u>2</u>
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OFM Census Sheet A – Field Enumeration

Page No. 8

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/Trailer	(7) Special***
SE 124 th Street	3442	3	8	4	MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
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List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

- | | |
|------------------|-----------|
| 1. <u>Vacant</u> | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	0
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OFM Census Sheet A – Field Enumeration

Page No. 9

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	1
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/Trailer	(7) Special***
SE 124 th Street	3442	4	9	4	MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
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List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

1. Anderson, Terry _____ 6. _____
2. _____, Josephine _____ 7. _____
3. _____, Robert _____ 8. _____
4. _____, Olivia _____ 9. _____
5. _____ 10. _____

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	4
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OFM Census Sheet A – Field Enumeration

Page No. 10

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	7
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/Trailer	(7) Special***
NE 129 th Street	2400		10		MH/T	Spec.***

If Group Quarters, name of facility:	
If Special Housing, type:	Boat

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
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List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

1. Brahn, Peter _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
5. Are there any other persons living in this house or on this property that I might miss? Yes No

Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	1
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OFM Census Sheet A – Field Enumeration

Page No. 11

ONE HOUSING UNIT PER SHEET

Callback:

BY USING THIS FORM, YOU AGREE TO KEEP ALL DATA COLLECTED CONFIDENTIAL

City/Town:	Stonesville	Block Group:	11
Year/Ordinance:	2008	Block Number:	11
Enumerators:	MB		

Address Information				One Entry Only		
(1) Street Name	(2) Address No.	(3) Apt. No.*	(4) Housing Unit Seq. No.**	(5) No. of Units in Structure*	(6) Mobile Home/Trailer	(7) Special***
NE 85 th Street	4816				MH/T	Spec.***

If Group Quarters, name of facility:	Mountain View Nursing Home
If Special Housing, type:	

*Each housing unit within structures having only one house address, but more than one unit, should be separately identified by the letter or number appearing on the mail box and/or door.
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List the name of each person whose usual place of residence was in this household on the date of enumeration. Enter last name first; list an adult first. Then proceed to asking the five residency screening questions below. Record dates, times, and how callbacks are cleared. If needed, use the reverse side of this form for additional names or comments.

- | | |
|---|--|
| 1. <u>Januson, John</u>
2. <u>Black, Ethel</u>
3. <u>Holm, Edie</u>
4. <u>Roberts, Jim</u>
5. <u>Madsen, Hubert</u> | 6. <u>Kellogg, Glen</u>
7. <u>Oberson, Donald</u>
8. <u>Lykes, Christine</u>
9. <u>Branch, Bertha</u>
10. <u>Jacobs, Molly</u> |
|---|--|

1. Do any of the persons listed above sleep elsewhere more than three nights per week? Yes No
 If yes, who: _____ City: _____ State: _____
 2. Do any of the persons listed above attend school and not live at the above address during the school year? Yes No
 If yes, who: _____ City: _____ State: _____
 3. Are any of the persons listed above member of the military and live on a military base or ship? Yes No
 If yes, who: _____ City: _____ State: _____
 4. Do any of the persons listed above live more than six months of the year elsewhere? Yes No
 If yes, who: _____ City: _____ State: _____
 5. Are there any other persons living in this house or on this property that I might miss? Yes No
- Is this a Vacant Housing Unit? Yes No

TOTAL PERSONS	10
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OFM Census Sheet D – Summary Tabulation

City/Town:	<u>Stinesville</u>	Total Population:	<u>28</u>
Year/Ordinance:	<u>2008</u>		(Lines 1+2)

Units Per Structure	(1) Total Housing Units	(2) Vacant Housing Units	(3) Occupied Housing (1)-(2)	(4) Population	Pop. Per Occ. HU (4)/(3)	Percent Occupied (3)/(1)	Percent Vacant (2)/(1)
1-Unit Structures	<u>2</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>4</u>	<u>50</u>	<u>50</u>
2-Unit Structures	<u>2</u>	<u>0</u>	<u>2</u>	<u>6</u>	<u>3</u>	<u>100</u>	<u>0</u>
3-Unit Structures							
4-Unit Structures	<u>4</u>	<u>1</u>	<u>3</u>	<u>7</u>	<u>2.3</u>	<u>75</u>	<u>25</u>
5 or more Units							
Manufactured Homes	<u>1</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>100</u>	<u>0</u>
Special*	<u>1</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>100</u>	
1. Totals	<u>10</u>	<u>2</u>	<u>8</u>	<u>19</u>	<u>2.4</u>	<u>80</u>	<u>20</u>

*Special Housing: Unusual living quarters not generally considered a housing unit (e.g., boats, boxcars, tents, etc.). Only counted when occupied by person(s) meeting "resident" criteria. Specify type of housing in comments section below.

Group Quarters	Number of Facilities	Population
Nursing/Convalescent Homes	<u>1</u>	<u>10</u>
College Dormitories		
Mental/Correctional Institutions		
Military Installations (e.g., barracks, BEQ)		
Other (Specify):		
2. Total Group Quarters	<u>1</u>	<u>10</u>

Census Costs**	Number of Staff <i>If known</i>	Hours Worked <i>If known</i>	Cost/Estimated Value
City staff w/o additional pay and/or volunteer staff			\$
City staff and/or hired staff/consultant with payment			\$
Transportation, supplies, etc. <i>if not included above</i>			\$
Total			\$

**This information is used to provide cities with an estimate of how much it costs to census. Your assistance in providing this information is valuable and appreciated.

Did the enumerators collect additional information or perform other tasks during the census? Yes No (circle one)

Comments:	<u>Special is a boat. GQ facility is a nursing home.</u>

Census Administrator or Contact Person	
Name	Signed: <u>Boss Hog</u> <u>2/10/09</u> (Mayor) (Date)
Telephone #:	Attest: <u>John Carter</u> <u>2/10/2009</u> (City/Town Clerk or Census Administrator) (Date)
Days/Hours of Operation:	

Section 6 Definitions

Callback: Callbacks are return visits to a house when no one is home during the initial canvass.

Group Quarters: Group quarters reflect something other than ordinary household life. They are usually places where unrelated people live together in a “group” living situation. Group quarter facilities typically include dormitories, barracks, nursing homes, and mental and correctional facilities.

Household: A household is an occupied housing unit.

Housing Unit: One or more rooms intended for permanent occupancy as separate living quarters. A separate entrance, direct to the outside or through a common hall, is required.

Mobile Home/Trailer: Moveable living structures intended for permanent occupancy in mobile home parks or on individual lots. These are also referred to as manufactured homes. This category does not include travel trailers and RVs.

Occupied Housing Unit: A housing unit is occupied if one or more resident persons usually live or sleep there.

Resident: A person who lives and sleeps in town for the majority of the year (6 months or more) or has no other usual place of residence.

Special Housing Units: Unusual living quarters that are not intended for permanent living (e.g., travel trailers, recreational vehicles, boats, boxcars, tents, motels, hotels, etc.). These are only counted as housing units when occupied as permanent living quarters by persons who meet the definition of a resident as noted above.

Vacant Housing Unit: A housing unit is vacant if it is either without occupants or temporarily occupied by persons whose usual place of residence is elsewhere.