

## Section 4 – TOPICAL MODULES

### Part A – SELECTED FINANCIAL ASSETS

**Statement A** → Read to respondent: **These next questions concern various assets.**

<p><i>ASK OR VERIFY –</i></p> <p><b>1 a. Did . . . own any U.S. Savings Bonds as of (Read last day of reference period)?</b> (Type E or EE bonds only.)</p>	<p><b>8204</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1</p>
<p><b>b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned?</b> (If ownership was shared, count only . . . 's share.)</p>	<p><b>8206</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM T1</b> Interview status of . . . 's spouse</p>	<p><b>8208</b> 1 <input type="checkbox"/> No spouse in household – SKIP to 2c 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2c</p>
<p><b>2 a. As of (Read last day of reference period), did . . . own jointly with . . . 's (husband/wife) any checking accounts which did NOT earn interest?</b></p>	<p><b>8209</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2c</p>
<p><b>b. 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)?</b></p>	<p><b>8210</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>c. (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?</b></p>	<p><b>8232</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T2</p>
<p><b>d. What is your best estimate of the amount of money . . . had in those checking accounts as of (Read last day of reference period)?</b> (If account was shared, count only . . . 's share.)</p>	<p><b>8233</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM T2</b> Refer to cc item 24. Is . . . 21 years of age or older?</p>	<p><b>8258</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement B, page 58</p>
<p><b>3 a. Does . . . have any Individual Retirement Accounts – any IRAs – in . . . 's OWN name?</b> (If . . . is only included in spouse's IRA account, mark the "No" box.)</p>	<p><b>8260</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 4a</p>
<p><b>b. For how many years has . . . contributed to . . . 's IRA accounts?</b></p>	<p><b>8262</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Years</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 4a</p>
<p><b>c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of . . . 's IRA accounts?</b></p>	<p><b>8264</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – SKIP to 4a</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 4a</p>
<p><b>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.)</b></p>	<p><b>8266</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 16 2 <input type="checkbox"/> No</p>

TOPICAL MODULES

**Section 4 — TOPICAL MODULES (Continued)**

**Part A — SELECTED FINANCIAL ASSETS (Continued)**

**4a. Does . . . have a KEOGH account in . . . 's OWN name?**

**8284** 1  Yes  
 2  No  
 x1  DK  
 x2  Ref. } *SKIP to 5a*

**b. For how many years has . . . contributed to . . . 's KEOGH account?**

**8286**   Years  
 x1  DK  
 x2  Ref. — *SKIP to 5a*

**c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)?**

**8288** \$  .  00 — *SKIP to 5a*  
 x1  DK  
 x2  Ref. — *SKIP to 5a*



**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.)**

**8290** 1  Yes — *Mark Callback Summary and Reminder Card, Item 17*  
 2  No

**5a. Does . . . have any life insurance?** (Include group policies provided by employers.)

**8308** 1  Yes  
 2  No  
 x1  DK  
 x2  Ref. } *SKIP to Statement B, page 58*

**b. What is the current FACE VALUE of ALL life insurance policies that . . . has?**

**8310** \$   00  
 x1  DK  
 x2  Ref.

**c. What type of life insurance does . . . have — is it "term insurance", "whole life", or does . . . have both of these types?**

**8312** 1  Term only  
 2  Whole life only  
 3  Both types  
 x1  DK

NOTES

TOPICAL MODULES

**Section 4 – TOPICAL MODULES (Continued)**

**Part B – MEDICAL EXPENSES AND WORK DISABILITY**

**Statement B**

Read to respondent: **These next questions concern payments that . . . may have made last month for medical bills for himself/herself or his/her family.**

<b>1. During (Read last month) did . . . pay any of the following:</b>	
<b>a. Doctor bills?</b> .....	<b>8400</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>b. Dentist bills?</b> .....	<b>8402</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>c. Hospital bills?</b> .....	<b>8404</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>d. Expenses for prescription medicine?</b> .....	<b>8406</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

<b>CHECK ITEM T3</b> Is one or more "Yes" box marked in item 1?	<b>8408</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T4
---	---

<b>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)?</b>	<b>8410</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
--	---

<b>CHECK ITEM T4</b> Refer to cc item 24. What is . . . 's age?	<b>8412</b> 1 <input type="checkbox"/> 15 years old – SKIP to Check Item T8 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – SKIP to Check Item T8
---	--

**Statement C**

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

<b>CHECK ITEM T5</b> Is "Disabled" (code 171) marked on the ISS for . . . ?	<b>8414</b> 1 <input type="checkbox"/> Yes – SKIP to 3a 2 <input type="checkbox"/> No
---	--

<b>CHECK ITEM T6</b> Refer to cc item 47. Is "Disabled" (code 171) marked on the control card for . . . ?	<b>8416</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
---	--

<b>3a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?</b>	<b>8418</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T7 2 <input type="checkbox"/> No – SKIP to Check Item T8
--	---

<b>b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b>	<b>8420</b> 1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item T8
---	---

<b>CHECK ITEM T7</b> Is "Worked" (code 170) marked on the ISS?	<b>8422</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T8 2 <input type="checkbox"/> No
--	---

<b>4a. Does . . . 's health or condition prevent . . . from working at a job or business?</b>	<b>8424</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
---	---

<b>b. Has . . . been prevented from working for the past 12 months or longer?</b>	<b>8426</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T8 2 <input type="checkbox"/> No
---	---

<b>c. Is it likely that . . . will be able to work at some time in the next 12 months?</b>	<b>8428</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
--	---

**Go to Check Item T8**

NOTES

**Section 4 – TOPICAL MODULES (Continued)**

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

<b>CHECK ITEM T8</b>	Is this the reference person's questionnaire?	8526 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 62</i>	
<b>Statement D</b> → Read to respondent: <b>These next questions concern housing costs and automobile ownership.</b>			
<b>CHECK ITEM T9</b>	Refer to cc item 15. Tenure	8530 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Rented for cash – <i>SKIP to 2</i> 3 <input type="checkbox"/> Occupied without cash payment – <i>SKIP to 3</i>	
<b>ASK OR VERIFY –</b>			
<b>1. Which persons in this household are the owners of this home?</b>	Person No.	Name	
	8532	_____	
	8534	_____	
	8536	_____	
<b>2. How much was this household's (rent/mortgage payment) last month?</b> <i>(Include any condominium or association fees.)</i>	8538	\$ _____ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T11</i> x2 <input type="checkbox"/> Ref. }	
<b>3. How much did this household pay for electricity, gas, and other utilities last month?</b> <i>(Other utilities include other fuels, water, and basic telephone service. Include only payments made in addition to those reported in item 2.)</i>	8540	\$ _____ . 00 x3 <input type="checkbox"/> Nothing or included in rent x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T11</i> x2 <input type="checkbox"/> Ref. }	
<b>CHECK ITEM T10</b>	Refer to cc items 19b, 23, and 24. Composition of household	8542 <input type="checkbox"/> One person household 2 <input type="checkbox"/> Married-couple household, no other person 18 or older 3 <input type="checkbox"/> Single parent household, no other person 18 or older 4 <input type="checkbox"/> Other composition <span style="float:right;">} <i>SKIP to Check Item T11</i></span>	
<b>4. Did more than one of the persons living here pay for the (rent/mortgage payment) and utilities last month?</b>	8544	<input type="checkbox"/> Yes – <i>SKIP to 6</i> <input type="checkbox"/> No	
<b>5. Which person paid?</b>	Person No.	Name	
	8546	_____ } <i>SKIP to Check Item T11</i>	
<b>6. Which persons paid and how much did each pay?</b>	Person 1	Person 2	Person 3
	Person No. 8548	Person No. 8550	Person No. 8552
	Name _____	Name _____	Name _____
	8554 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8556 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8558 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T11</b>	Refer to cc items 18 and 23. Number of persons in household	8560 <input type="checkbox"/> One – <i>SKIP to Check Item T12</i> 2 <input type="checkbox"/> Two or more	

**Section 4 – TOPICAL MODULES (Continued)**

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

<p><b>7a. 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?</b></p>	<p><b>8562</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item T12</p>																
<p><b>b. What was the total cost of these care arrangements for the month of (Read last month)?</b></p>	<p><b>8564</b>    \$ <input style="width: 80px;" type="text"/> <input style="width: 40px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>																
<p><b>CHECK ITEM T12</b>    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><b>8658</b>    1 <input type="checkbox"/> In a public housing project } SKIP to 9a                  2 <input type="checkbox"/> Subsidized                  3 <input type="checkbox"/> Neither public nor subsidized</p>																
<p><b>8a. 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.</b></p>	<p><b>8660</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } SKIP to 9a                  x1 <input type="checkbox"/> DK</p>																
<p><b>b. Which persons in this household are the owners of this (these) property(ies)?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:40%; text-align: center;">Person No.</td> <td style="width:50%; text-align: center;">Name</td> </tr> <tr> <td><b>8662</b></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><b>8664</b></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> </table>		Person No.	Name	<b>8662</b>	<input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/>	<b>8664</b>	<input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/>							
	Person No.	Name															
<b>8662</b>	<input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/>															
<b>8664</b>	<input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/>															
<p><b>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.)</b>                  Count only share owned by household members.</p>	<p><b>8666</b>    \$ <input style="width: 80px;" type="text"/> <input style="width: 40px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>																
<p><b>9a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?</b></p>	<p><b>8714</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 10a</p>																
<p><b>b. How many cars, trucks, or vans are owned by members of this household?</b></p>	<p><b>8716</b>    <input style="width: 30px;" type="text"/> Number of motor vehicles</p>																
<p><i>(Ask items 9c–9g for vehicle 1 and then return to 9c for additional vehicles.)</i></p> <p><b>c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%; text-align: center;">Vehicle 1</th> <th style="width:33%; text-align: center;">Vehicle 2</th> <th style="width:33%; text-align: center;">Vehicle 3</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p><b>8718</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p> </td> <td style="vertical-align: top;"> <p><b>8720</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p> </td> <td style="vertical-align: top;"> <p><b>8722</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p> </td> <td style="vertical-align: top;"> <p><b>8724</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>8724</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p> </td> <td style="vertical-align: top;"> <p><b>8726</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p> </td> <td style="vertical-align: top;"> <p><b>8728</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p> </td> <td style="vertical-align: top;"> <p><b>8730</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p> </td> </tr> </tbody> </table>		Vehicle 1	Vehicle 2	Vehicle 3	<p><b>8718</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8720</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8722</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8724</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8724</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8726</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8728</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8730</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>				
	Vehicle 1	Vehicle 2	Vehicle 3														
<p><b>8718</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8720</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8722</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8724</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>														
<p><b>8724</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8726</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8728</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>	<p><b>8730</b>    <input style="width: 30px;" type="text"/></p> <p>Name</p>														
<p><b>d. What is the year, make, and model of this vehicle?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%; text-align: center;">Vehicle 1</th> <th style="width:33%; text-align: center;">Vehicle 2</th> <th style="width:33%; text-align: center;">Vehicle 3</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p><b>8730</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8736</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8742</b>    x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p><b>8732</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8738</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8744</b>    x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p><b>8734</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8740</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8746</b>    x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p><b>8748</b>    <input style="width: 30px;" type="text"/></p> </td> </tr> <tr> <td style="text-align: center;"><b>OFFICE USE ONLY</b></td> </tr> <tr> <td style="vertical-align: top;"> <p><b>8748</b>    <input style="width: 30px;" type="text"/></p> </td> <td style="vertical-align: top;"> <p><b>8750</b>    <input style="width: 30px;" type="text"/></p> </td> <td style="vertical-align: top;"> <p><b>8752</b>    <input style="width: 30px;" type="text"/></p> </td> <td style="vertical-align: top;"> <p><b>8748</b>    <input style="width: 30px;" type="text"/></p> </td> </tr> </tbody> </table>		Vehicle 1	Vehicle 2	Vehicle 3	<p><b>8730</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8736</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8742</b>    x1 <input type="checkbox"/> DK</p>	<p><b>8732</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8738</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8744</b>    x1 <input type="checkbox"/> DK</p>	<p><b>8734</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8740</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8746</b>    x1 <input type="checkbox"/> DK</p>	<p><b>8748</b>    <input style="width: 30px;" type="text"/></p>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<p><b>8748</b>    <input style="width: 30px;" type="text"/></p>	<p><b>8750</b>    <input style="width: 30px;" type="text"/></p>	<p><b>8752</b>    <input style="width: 30px;" type="text"/></p>	<p><b>8748</b>    <input style="width: 30px;" type="text"/></p>
	Vehicle 1	Vehicle 2	Vehicle 3														
<p><b>8730</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8736</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8742</b>    x1 <input type="checkbox"/> DK</p>	<p><b>8732</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8738</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8744</b>    x1 <input type="checkbox"/> DK</p>	<p><b>8734</b>    1 9 <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make</p> <p><b>8740</b>    x1 <input type="checkbox"/> DK</p> <p>Model</p> <p><b>8746</b>    x1 <input type="checkbox"/> DK</p>	<p><b>8748</b>    <input style="width: 30px;" type="text"/></p>														
<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>														
<p><b>8748</b>    <input style="width: 30px;" type="text"/></p>	<p><b>8750</b>    <input style="width: 30px;" type="text"/></p>	<p><b>8752</b>    <input style="width: 30px;" type="text"/></p>	<p><b>8748</b>    <input style="width: 30px;" type="text"/></p>														

**Section 4 – TOPICAL MODULES (Continued)**

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

	Vehicle 1	Vehicle 2	Vehicle 3
<b>9e. Is this vehicle owned free and clear, or is there still money owed on it?</b>	<b>8754</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 9g</i> x1 <input type="checkbox"/> DK	<b>8756</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 9g</i> x1 <input type="checkbox"/> DK	<b>8758</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 9g</i> x1 <input type="checkbox"/> DK
<b>f. How much is currently owed for this vehicle?</b>	<b>8760</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	<b>8761</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	<b>8762</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.
<b>g. Is this vehicle used primarily for either business purposes or for the transportation of a disabled person?</b>	<b>8763</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>8764</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>8765</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM T13</b> Is there another vehicle which has not been asked about?	<b>8766</b> 1 <input type="checkbox"/> Yes – Ask 9c for next vehicle 2 <input type="checkbox"/> No – Go to 10a	<b>8768</b> 1 <input type="checkbox"/> Yes – Ask 9c for next vehicle 2 <input type="checkbox"/> No – Go to 10a	Go to 10a
<b>10a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?</b> <i>Mark (X) all that apply.</i>	<b>8770</b> 1 <input type="checkbox"/> Motorcycle <b>8772</b> 2 <input type="checkbox"/> Boat <b>8774</b> 3 <input type="checkbox"/> Recreational vehicle (RV) <b>8776</b> 4 <input type="checkbox"/> Other – Specify _____ <b>8778</b> 5 <input type="checkbox"/> No – SKIP to Check Item P1, page 62		
<b>b. Who is (are) the owner(s) of the (Read first/second category marked in 10a)?</b>	Category 1	Category 2	
	Person No.      Name <b>8780</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8784</b> <input type="text"/> <input type="text"/> <input type="text"/> _____	Person No.      Name <b>8782</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8786</b> <input type="text"/> <input type="text"/> <input type="text"/> _____	
<b>c. If this vehicle were sold, what would it sell for in its present condition?</b>	<b>8788</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item T14	<b>8790</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item P1, page 62	
<b>d. Is (are) this (these) vehicle(s) owned free and clear, or is there still money owed on it (them)?</b>	<b>8792</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item T14</i> x1 <input type="checkbox"/> DK	<b>8794</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item P1, page 62</i> x1 <input type="checkbox"/> DK	
<b>6. How much is currently owed for this (these) vehicle(s)?</b>	<b>8796</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	<b>8798</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
<b>CHECK ITEM T14</b> Is there another vehicle which has not been asked about?	<b>8800</b> 1 <input type="checkbox"/> Yes – Ask 10b for next vehicle 2 <input type="checkbox"/> No – Go to Check Item P1, page 62		Go to Check Item P1, page 62