

Statistical Institute of Belize  
Belmopan  
Household Expenditure Survey  
2008  
Record of Monthly and Annual Expenditure

Geographic Code:

District \_\_\_\_\_ City/Town/Village \_\_\_\_\_ E.D. \_\_\_\_\_

Enumeration Period: from \_\_\_\_\_ to \_\_\_\_\_ Quarter/Group \_\_\_\_\_

HOUSEHOLD SCHEDULE NUMBER:

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Interview Schedule				
Date	Time		Respondent Ind. No.	Comment
	Start	End		

OFFICE USE ONLY

Interviewer \_\_\_\_\_ Supervisor \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Revised by \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Coded by \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Keyed by \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Edited by \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Final Interview Status:

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Completed           | 4. <input type="checkbox"/> No Contact            |
| 2. <input type="checkbox"/> Partially Completed | 5. <input type="checkbox"/> Refused               |
| 3. <input type="checkbox"/> Vacant              | 6. <input type="checkbox"/> Other (Specify) _____ |

## CODES TO BE USED IN SECTION 1 OF QUESTIONNAIRE

Note: The codes on this page are to be used for SECTION 1, Questions (1) through TEN (10)	
<p><u>Column 2. Relationship to Head of Household</u></p> <p>1. Head 2. Spouse/Partner 3. Child of head/spouse/partner 4. Parent of head/spouse/partner 5. Son/daughter-in-law 6. Grandchild 7. Other relative 8. Domestic employee 9. Non-relative 99. DK/NS</p> <p><u>Column 6. MARITAL/UNION STATUS</u></p> <p>1. Never married/never had a partner 2. Married but now living alone 3. Had a partner but now living alone 4. Married living with husband/wife 5. Living common law 6. Other (Specify)</p> <p><u>Column 7. ETHNIC GROUP</u></p> <p>01. Creole 02. East Indian 03. Garifuna 04. Mestizo 05. Maya Mopan 06. Maya Ketchi 07. Other Maya 08. Mennonite 09. Chinese 10. Syrian/Lebanese 11. White 12. Other (Specify) 99. DK/NS</p>	<p><u>Column 8. COUNTRY OF BIRTH</u></p> <p>01. Belize 02. Mexico 03. U.S.A 04. Canada 05. Guatemala 06. Honduras 07. El Salvador 08. Nicaragua 09. Costa Rica 10. Panama 11. South America 12. Jamaica 13. Other Caribbean 14. United Kingdom 15. Other European 16. Japan 17. Taiwan 18. China 19. Hong Kong 20. Other Asian 21. Lebanon 22. Syria 23. Other Middle East 24. India 25. Pakistan 26. Other (Specify) 99. DK/NS</p> <p><u>Column 10. HIGHEST LEVEL OF EDUCATIONAL ACHIEVEMENT</u></p> <p>1. None 2. Primary 3. Secondary 4. Sixth Form 5. Advanced Diploma 6. University 7. Other (Specify) 9. DK/NS</p>

SECTION 1 - HOUSEHOLD COMPOSITION											
Ind. No.	1. Name (Surname, Christian name (s).) a. What is the name of the head of this household? b. What are the names of all other persons living or staying here?  List all persons (including infants) who normally sleep most nights at this address. Include persons who normally live here but are temporarily absent.	2. Relationship to Head of Household.  What is the relationship of (N) to the head of household? (See listing of codes.)	3. Sex  What is (N) sex?  Ask if not apparent.  Enter "M" for Male "F" for Female.	4. Age  What was (N) age at last birthday, in years.  Write just the no.	5. Date of birth.  (Indicate month and year under appropriate column.)		6. Marital/ Union Status.  What is (N) marital/union status? (See listing of codes.)	7. Ethnic Group.  To which ethnic group does (N) belong? (See listing of codes.)	8. Country of birth.  (If country of birth is Belize, go to Q10.) (See listing of codes.)	9. Year of Migration.  (If country of birth is Belize.)	10. Highest level of Education Attainment.  What is (N) highest level of educational attainment? (See listing of codes.)
		Code			mm	yy					
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Size of household.....	Household Composition:	
Number of Spenders.....	No. of Adults:.....	
Individual Number of Respondent:	No. of Children:.....	

<p>NOTE: Three of the following sets of codes are to be used in SECTION 1, Questions 16 and 17. The set of codes AREA/COUNTRY will be required at different points throughout the questionnaire.</p>	<div data-bbox="224 1129 251 2013"> <p>Column 16. <u>REASON FOR NOT SEEKING WORK LAST WEEK</u></p> </div> <div data-bbox="261 1493 634 1948"> <ol style="list-style-type: none"> <li>01. At school</li> <li>02. Housekeeping</li> <li>03. Retired</li> <li>04. Disabled</li> <li>05. Temporary illness</li> <li>06. Did not want work</li> <li>07. Awaiting results of application</li> <li>08. Knew of no vacancy</li> <li>09. Presently employed</li> <li>10. Other</li> </ol> </div> <div data-bbox="680 1562 708 2013"> <p>Column 17. <u>TYPE OF WORKER</u></p> </div> <div data-bbox="717 1176 865 1948"> <ol style="list-style-type: none"> <li>1. Employee (Government)</li> <li>2. Employee (Quasi Government)</li> <li>3. Employee (Private)</li> <li>4. Self-employed</li> <li>5. Employer</li> <li>6. Unpaid worker</li> <li>7. Apprentice/trainee</li> <li>8. Other</li> </ol> </div> <div data-bbox="911 1339 938 2013"> <p>Column 19. <u>CLASSIFICATION OF INDUSTRIES</u></p> </div> <div data-bbox="948 1339 1130 1948"> <ol style="list-style-type: none"> <li>1. Agriculture, Hunting, Forestry and Fishing</li> <li>2. Mining and Quarrying</li> <li>3. Manufacturing</li> <li>4. Electricity, Gas and Water</li> <li>5. Construction</li> </ol> </div>
<p>Column 19. CLASSIFICATION OF INDUSTRIES (Continued)</p>	<ol style="list-style-type: none"> <li>6. Wholesale and Retail Trade and Restaurant and Hotels</li> <li>7. Transport, storage and Communication</li> <li>8. Financing, Insurance, Real Estate and Business Services</li> <li>9. Community, social and Personal Services</li> <li>10. Activities not adequately defined above</li> </ol> <p>AREA/COUNTRY - <u>Codes for point of purchase</u></p> <ol style="list-style-type: none"> <li>11. Corozal Town/San Antonio/Paraiso/San Andres</li> <li>15. Corozal Rural</li> <li>21. Orange Walk Town/Trial Farm/San Jose Palmar</li> <li>25. Orange Walk Rural</li> <li>31. Belize City/Ladyville/Hattieville</li> <li>32. Ambergris caye/Caye Caulker</li> <li>35. Belize Rural</li> <li>41. San Ignacio Town/Santa Elena Town/Esperanza</li> <li>42. Benque Viejo Town/Succotz</li> <li>43. Belmopan/Roaring Creek</li> <li>45. Cayo Rural</li> <li>51. Dangriga Town</li> <li>55. Stann Creek Rural</li> <li>61. Punta Gorda Town</li> <li>65. Toledo Rural</li> <li>91. Guatemala</li> <li>92. Mexico</li> <li>93. U.S.A.</li> <li>99. Other Countries</li> </ol>

## SECTION 1 - HOUSEHOLD COMPOSITION (CONTINUED)

TO BE ANSWERED 14 YEARS OLD AND OVER

[illegible]

## SECTION 2: GENERAL HMOUSING CHARACTERISTICS

**Note:** For those questions with choices, tick only the box which corresponds to your answer. For the other questions, simply write your answer in the space provided.

1)	What type of dwelling does this household occupy?		
	Undivided private house	1.1	<input type="checkbox"/>
	Part of a private house	1.2	<input type="checkbox"/>
	Flat or apartment	1.3	<input type="checkbox"/>
	Duplex/double house	1.4	<input type="checkbox"/>
	Combined business and dwelling	1.5	<input type="checkbox"/>
	Barracks	1.6	<input type="checkbox"/>
	Other (specify) _____	1.7	<input type="checkbox"/>
2)	Is the dwelling shared with another. household?	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)	Characteristics of the dwelling.		
	Number of floors/levels:	3.1	_____
	Total number of room (excluding corridors)	3.2	_____
	Number of bedrooms:	3.3	_____
	Humber of bathrooms:	3.4	_____
	Lot size:	3.5	_____
	Square footage of dwelling:	3.6	_____
4)	Type of roof		
	Metal sheet	4.1	<input type="checkbox"/>
	Concrete	4.2	<input type="checkbox"/>
	Shingles	4.3	<input type="checkbox"/>
	Tiles	4.4	<input type="checkbox"/>
	Thatched	4.5	<input type="checkbox"/>
	Other (specify) _____	4.6	<input type="checkbox"/>
5)	Construction material of outer wall.		
	Concrete	5.1	<input type="checkbox"/>
	Wood	5.2	<input type="checkbox"/>
	Brick	5.3	<input type="checkbox"/>
	Primenta (or Taqueda)	5.4	<input type="checkbox"/>
	Stucco	5.5	<input type="checkbox"/>
	Other (specify) _____	5.6	<input type="checkbox"/>
6)	Type of flooring.		
	Wood	6.1	<input type="checkbox"/>
	Concrete	6.2	<input type="checkbox"/>
	Dirt	6.3	<input type="checkbox"/>
	Tile	6.4	<input type="checkbox"/>
	Other (specify) _____	6.5	<input type="checkbox"/>
7)	What is the main source of your water supply?		
	Private, piped into dwelling	7.1	<input type="checkbox"/>
	Private, vats/tanks, not piped	7.2	<input type="checkbox"/>
	Public, piped into dwelling	7.3	<input type="checkbox"/>
	Public, piped into yard	7.4	<input type="checkbox"/>
	Public standpipe	7.5	<input type="checkbox"/>

## SECTION 2: GENERAL HOUSING CHARACTERISTICS (Continued)

	Public well or tank	7.6	<input type="checkbox"/>
	River/Stream/Creek	7.7	<input type="checkbox"/>
	Other (specify)	7.8	<input type="checkbox"/>
8)	what type of toilet facilities does this household have?		
	W.C. linked to sewer	8.1	<input type="checkbox"/>
	W.C. cesspit or septic tank	8.2	<input type="checkbox"/>
	Pit latrine	8.3	<input type="checkbox"/>
	Other (specify)	8.4	<input type="checkbox"/>
	None	8.5	<input type="checkbox"/>
9)	Are these toilet facilities shared with another household?	9	<input type="checkbox"/> Yes <input type="checkbox"/> No
10)	In which year was this dwelling built?		
	Before 1970	10.1	<input type="checkbox"/>
	1970 - 1979	10.2	<input type="checkbox"/>
	1980 - 1989	10.3	<input type="checkbox"/>
	1990 or later	10.4	<input type="checkbox"/>
	Don't Know	10.5	<input type="checkbox"/>
	<b>KITCHEN FACILITIES</b>		
11)	What type of fuel does this household use most for cooking?		
	Gas (butane)	11.1	<input type="checkbox"/>
	Electricity	11.2	<input type="checkbox"/>
	Kerosene	11.3	<input type="checkbox"/>
	Wood	11.4	<input type="checkbox"/>
	Charcoal	11.5	<input type="checkbox"/>
	Other (specify)	11.6	<input type="checkbox"/>
12)	Is the kitchen indoor, outdoor or both		
	Indoor	12.1	<input type="checkbox"/>
	Outdoor	12.2	<input type="checkbox"/>
	Both	12.3	<input type="checkbox"/>
	<b>OTHER FACILITIES AVAILABLE</b>		
13)	Do you have any of the following items in your dwelling? Tick as many item as necessary.		
	Garage or carport	13.1	<input type="checkbox"/>
	Swimming pool	13.2	<input type="checkbox"/>
	Fence, cement	13.3	<input type="checkbox"/>
	Fence, other material	13.4	<input type="checkbox"/>
	Electric lights	13.5	<input type="checkbox"/>
	Telephone	13.6	<input type="checkbox"/>
	Refrigerator	13.7	<input type="checkbox"/>
	Dishwasher	13.8	<input type="checkbox"/>
	Microwave	13.9	<input type="checkbox"/>
	Stove	13.10	<input type="checkbox"/>
	Stereo	13.11	<input type="checkbox"/>
	Television(s) (How many?)	13.12	<input type="checkbox"/>
	Vacuum cleaner	13.13	<input type="checkbox"/>

## SECTION 2: GENERAL HOUSING CHARACTERISTICS (Continued)

Sewing machine	13.14
Washing machine	13.15
Clothes dryer	13.16
Typewriter	13.17
Water heater	13.18
Water pump	13.19
Water tank	13.20
Lawn mower	13.21
Air conditioner	13.22
Power generator	13.23
Computer	13.24
Video Cassette Recorder (VCR)	13.25
Fan(s)	13.26
Motor vehicles)	13.27
Bicycle(s)	13.28
Motorcycles)	13.29
Motorboat)	13.30
Sailboat(s)	13.31
Canoes)	13.32
Cameras	13.33

### SECTION 3: EXPENDITURE ON HOUSING ACCOMMODATIONS (Past 12 Months)

Note: For those questions with choices, tick only the box which corresponds to your answer. For the other questions, simply write your answer in the space provided.

#### Part A) SCREENING QUESTIONS

<b>Type of Tenure (Current Dwelling)</b>					
1)	Type of tenure on housing unit:				
	Owned/hire purchase	1.1		<input type="checkbox"/>	
	Rented, government	1.2		<input type="checkbox"/>	
	Rented, private	1.3		<input type="checkbox"/>	
	Rent free	1.4		<input type="checkbox"/>	
	Other (Specify) _____	1.5		<input type="checkbox"/>	
2)	Type of tenure on lot:				
	Owned/hire purchase	2.1		<input type="checkbox"/>	
	Leased, rented	2.2		<input type="checkbox"/>	
	Squatted	2.3		<input type="checkbox"/>	
	Other (Specify) _____	2.4		<input type="checkbox"/>	
3)	In what month and year did the household begin to occupy this dwelling	3	mm ____/ yy ____		
4)	Tenure during the past 12 months.				
	Homeowner during the entire year	4.1		<input type="checkbox"/>	
	Renter during the entire year	4.2		<input type="checkbox"/>	
	Homeowner part of the year/renter part of the year	4.3		<input type="checkbox"/>	
	Other (Specify) _____	4.4		<input type="checkbox"/>	

  

5)	Did the household own any housing unit or other type of real estate during the past 12 months.	If "YES" fill out columns (c) (d) and (e) and PART C, Owner.	How many?	Property bought during the past 12 months.	Property sold during the 12 months. If "Yes" complete PART E, Sale of Real Estate.
	(a)	(b)	(c)	(d)	(e)
5.1	Separate house.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	House combined with business.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Summer/vacation home.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	House under construction	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5	Farm	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6	Vacant lot/land	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7	Other (Specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Part B) RENTER

1.	Occupation Status of Rental Unit				
	Currently occupied	1.1		<input type="checkbox"/>	
	Occupied during the past 12 months but not currently occupied	1.2		<input type="checkbox"/>	
2.	Type of rent				
	Furnished	1.1		<input type="checkbox"/>	
	Partly furnished	1.2		<input type="checkbox"/>	
	Unfurnished	2.3		<input type="checkbox"/>	

### SECTION 3: EXPENDITURE ON HOUSING ACCOMMODATIONS (Past 12 Months) - Continued

#### Part B) RENTER Continued)

3.	Rent paid for dwelling last month	3	\$
4.	Rent paid for dwelling past 12 months	4	\$
5.	Did any member of the household receive a housing allowance (during the past 12 months?)	5	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No" skip to Q9
6.	Value of housing allowance received last month	6	\$
7.	Value of housing allowance received past 12 months	7	\$
8.	Did the household receive a reimbursement on rent during the past 12 months	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Value of rent reimbursed during the past 12 months	9	\$
10.	Is part of the rental unit rented out (sub-let)?	10	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	What was the value of rent received by the household last month?	11	\$
12.	What was the value of rent received by the household, past 12 months?	12	\$
13.	Is part of the dwelling used for business?	13	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	What is the percentage of the dwelling used for business?	14	%
15.	Did the household undertake any repairs/maintenance/improvements during the past 12 months?	15	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Value of repairs/maintenance/improvements to rental unit during the past 12 months. (Do not include expenditures which were re-imbursed.)		
	Painting	16.1	\$
	Carpentry/Masonry	16.2	\$
	Plumbing	16.3	\$
	Improvements to yard	16.4	\$
	Electrical	16.5	\$
	Other (Specify) _____	16.6	\$
	TOTAL	16.7	\$
17	Total expenditure on rental unit	17	\$

OFFICE USE ONLY

#### Part C) Owner (All property currently owned.)

		Property 1	Property 2	Property 3
1.	Description of property.			
	Separate house	1.1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	House combined with business	1.2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Summer/vacation home	1.3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	House under construction	1.4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Farm	1.5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vacant lot/ land	1.6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Specify)	1.7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	In which month and year was the property bought?	mm ___/yy ___	mm ___/yy ___	mm ___/yy ___
3.	How was the property obtained?			
	Cash	3.1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mortgage	3.2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trade	3.3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inheritance	3.4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gift	3.5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Specify) _____	3.6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part C) Owner (All property currently owned.) (continued)

	Property 1	Property 2	Property 3
4. What was the purchase price or total cost of the property including land and construction costs?	\$	\$	\$
5. Real estate commissions	\$	\$	\$
6. Transfer taxes	\$	\$	\$
7. Other transfer or closing costs	\$	\$	\$
8. What would you estimate the current market value of the property to be?	\$	\$	\$
9. What rent would you expect if you were to rent this property unfurnished? (Monthly rent)	\$	\$	\$
10. Does the property have a mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. When was the mortgage obtained?	mm ____/yy ____	mm ____/yy ____	mm ____/yy ____
12. What is the duration of the mortgage? (number of years)			
13. What is the interest rate of the mortgage? (% per annum)			
14. What was the original amount of the mortgage?	\$	\$	\$
15. What was the monthly mortgage payment paid last month?	\$	\$	\$
16. What was the total of the monthly mortgage payments paid during the past 12 months?	\$	\$	\$
17. Land rent paid during the past 12 months if rented or leased.	\$	\$	\$
18. Property tax or land tax paid during the past 12 months	\$	\$	\$
19. Estate duty paid during the past 12 months if property was inherited.	\$	\$	\$
20. Homeowners insurance premium paid during the past 12 months (if not included in the monthly mortgage payment).	\$	\$	\$
21. Is part of the property used for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Estimate the percentage of the property used for business.	\$	\$	\$
23. Is part of the property rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Estimate the percentage of the property which is rented.			
25. How much did you receive in rental payments last month?	\$	\$	\$
26. How much did you receive in rental payments during the past 12 months?	\$	\$	\$
27. Total expenditure on owner property. (OFFICE USE ONLY)	\$	\$	\$

### Part D HOUSE UNDER CONSTRUCTION

1. Does the household presently have a house under construction for own use?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "No" skip to Part E
2. Construction costs during the past 12 months?		
Material	2.1	
Hired labour:		
Total hours	2.2	
Cost	2.3	
Own labour:		
Total hours	2.4	
Cost	2.5	
Total	2.6	
3. How is construction being financed?		
Savings only	3.1	<input type="checkbox"/>
Loan only	3.2	<input type="checkbox"/>
Savings and Loan	3.3	<input type="checkbox"/>
Other (specify) _____	3.4	<input type="checkbox"/>

# SECTION 3: EXPENDITURE ON HOUSING ACCOMMODATIONS (Past 12 Months) - Continued

## Part E) SALE OF REAL ESTATE

TRANSFER (SALE) OF PROPERTY		Property No.1	Property No.2	Property No.3	FOR OFFICE USE ONLY
					Value (\$)
1.	Now was the property transferred.				
	Sale 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gift (Skip to 09) 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Trade (Skip to 09) 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (Specify) _____ 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Indicate the month and year in which the property was sold.	mm ____/yy ____	mm ____/yy ____	mm ____/yy ____	
3.	Sale Price.	\$	\$	\$	
4.	The outstanding mortgage balance which was paid off at the time of the sale of the property.	\$	\$	\$	
5.	The amount which the purchaser was left owing.	\$	\$	\$	
6.	Payments (concluding interest) received from the purchaser during the past 12 months.	\$	\$	\$	
7.	Real estate commissions.	\$	\$	\$	
8.	Transfer taxes.	\$	\$	\$	
9.	Other transfer costs.	\$	\$	\$	
10.	Total costs (sale of property). OFFICE USE ONLY	\$	\$	\$	

## PART F) REPAIRS AND IMPROVEMENTS (Past 12 months.)

### 1) Additions and Improvements (Owner occupied dwelling)

Did the household spend any moneys on additions and/or improvements to dwelling during the past 12 months?

☐ YES ☐ No (if "No" skip to Q2)

Description	Material Costs (s)	Labour Costs				Total cost (b)+(f)	TOTAL COST (OFFICE USE ONLY) (\$)		
		Own Labour		Hired Labour					
		Hours	Cost (OFFICE USE ONLY)	Hours	Cost (\$)				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		
1.1 Addition/Extension (bedroom, kitchen, bathroom, porch, etc.)									
1.2 Yard Improvement									
1.3 Fence									
1.4 Interior Remodelling/ Redecorating (panelling, tiles, etc.)									
1.5 Other Additions/Improvements (specify) _____									



## SECTION 4: FUEL, UTILITIES AND OTHER HOUSEHOLD OPERATIONS.

Note: Tick only the box which corresponds to your choice for a particular question.  
Otherwise answer the question by filling in the blank.

1.	Amount paid for Electricity (last bill)?		\$
2.	Amount paid for Water (last bill)?		\$
3.	Amount paid for Telephone (last bill)?		\$
4.	Amount paid for Cable T.V. (last bill)		\$
5.	Amount paid for garbage collection (last bill)		\$
6.	Period covered by test bill.		\$
	Monthly	6.1	<input type="checkbox"/>
	Annually	6.2	<input type="checkbox"/>
7.	Life of last cylinder of gas?		
8.	Size of last cylinder of gas?		
	Large	8.1	<input type="checkbox"/>
	Medium	8.2	<input type="checkbox"/>
	Small	8.3	<input type="checkbox"/>
9.	Cost of last cylinder of gas?		\$
10.	Fumigation costs during the past 12 months?		\$
11.	Does the family employ domestic help?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Amount paid during the last month		
	Domestic helper (cooking, ironing, washing, housecleaning)	12.1	
	Child care (in the house)	12.2	
	Yard work	12.3	
	Other (specify) _____	12.4	
13.	Amount paid for day/care nursery during the last month		\$
14.	Other Household services. (Specify) _____		\$

SECTION 5 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT					
EXPENSES FOR PAST 12 MONTHS					
Description	Date of Purchase (mm/yy)	Quantity	Value	Area/ Country (See Codes)	New/ 2nd
(a)	(b)	(c)	(d)	(e)	(f)
PART A - FURNITURE					
1) LIVING ROOM FURNITURE					
1.1 Sofas/Couch					
1.2 Center/ Coffee Table/Endtable					
1.3 Chairs/Footstools/Rocking Chairs					
1.4 Living Room Set					
1.5 Stereo/TV Furniture					
1.6 Shelves					
1.7 Other (specify)					
2) DINING ROOM AND KITCHEN FURNITURE					
2.1 Dining Sets					
2.2 Tables					
2.3 Chairs					
2.4 China Closets					
2.5 Kitchen Lockers and Cabinets					
2.6 Other (specify)					
3) BEDROOM FURNITURE					
3.1 Beds					
3.2 Mattresses					
3.3 Clothes Closets					
3.4 Wardrobes					
3.5 Bureaus					
3.6 Cots					
3.7 Other (specify)					
4) PORCH/PATIO FURNITURE					
4.1 (Specify)					
5) BABY FURNITURE L EQUIPMENT					
5.1 Cribs					
5.2 Nigh Chairs					
5.3 Play Pam					
5.4 Pram/Stroller					
5.5 Baby Toys					
5.6 Other (specify)					
PART I - FURNISHINGS					
6) FLOOR COVERING (Not permanent part of structure)					
6.1 Carpets					
6.2 Rugs					
6.3 Linoleum					
6.4 Marley					
6.5 Mats					
6.6 Other (specify)					
7) WALL/DECORATIVE FURNISHINGS					
7.1 Ornaments/Decorations					

SECTION 5 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT (Continued)					
EXPENSES FOR PAST 12 MONTHS					
Description	Date of Purchase (mm/yy)	Quantity	Value	Area/ Country (See Codes)	New/ 2nd
(a)	(b)	(c)	(d)	(e)	(f)
PART A - FURNITURE					
7.2	Paintings/Pictures				
7.3	Carvings				
7.4	Flower Pots/Flowers				
7.5	Other (specify)				
PART C HOUSEHOLD TEXTILES					
8.1	Hammocks				
8.2	Sheets				
8.3	Pillow Cases				
8.4	Pillows				
8.5	Bedspreads				
8.6	Blankets				
8.7	Curtains (include curtain material)				
8.8	Tablecloths				
8.9	Table Mats				
8.10	Pot Holders				
8.11	Shower Curtains				
8.12	Bathroom Sets				
8.13	Towels				
8.14	Wash Cloth				
8.15	Other (specify)				
PART D HOUSEHOLD APPLIANCES AND EQUIPMENT					
9) KITCHEN APPLIANCES AND EQUIPMENT					
9.1	Gas Stoves				
9.2	Electric Stoves				
9.3	Kerosene Stoves				
9.4	Hot Plates				
9.5	Microwave Ovens				
9.6	Toaster/Toaster Ovens				
9.7	Refrigerators				
9.8	Freezers				
9.9	Dishwashers				
9.10	Mixers				
9.11	Blenders				
9.12	Food Processors				
9.13	Coffee Maker				
9.14	Electric Can Opener				
9.15	Other (specify)				
10) KITCHEN EQUIPMENT (NON-ELECTRIC)					
10.1	Cooking Pots				
10.2	Frying Pans				
10.3	Baking Pans				
10.4	Pressure Cookers				
10.5	Knives/Spoons/Forks				

SECTION 5 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT (Continued)					
EXPENSES FOR PAST 12 MONTHS					
Description	Date of Purchase (mm/yy)	Quantity	Value	Area/ Country (See Codes)	New/ 2nd
(a)	(b)	(c)	(d)	(e)	(f)
10.6 Dishes/Plates/Bowls					
10.7 Tupperware					
10.8 Glasses/cups					
10.9 Can Openers					
10.10 Beaters					
10.11 Graters					
10.12 Roller Pin					
10.13 Meat Tenderizers					
10.14 Coolers					
10.15 Other (specify)					
11) ELECTRONIC/MUSICAL/PHOTOGRAPHIC EQUIPMENT					
11.1 Television					
11.2 Video Cassette Player/Recorder					
11.3 Video Camera					
11.4 Stereo System/Components, Speakers					
11.5 Portable Radio/Tape Player					
11.6 Compact Disc Player/Recorder					
11.7 Records/audio cassettes (pre-recorded)					
11.3 Audio Cassettes (blank)					
11.9 Video Cassettes (blank)					
11.10 Video Cassette Rental					
11.11 compact Discs					
11.12 Camera					
11.13 Photographic Film/Film Development					
11.14 Photographic Service					
11.15 Computer					
11.16 Computer Software					
11.17 Video Game Player					
11.1a Video Game Software					
11.19 Electronic Keyboard					
11.20 Piano					
11.21 Guitar					
11.22 Calculator					
11.23 Typewriter					
11.24 Toys					
11.25 Other (specify)					
12) PERSONAL CARE APPLIANCES					
12.1 Blow Dryer					
12.2 Electric Shavers					
12.3 Curling Irons					
12.4 Electric Curlers					
12.5 Other (specify)					
13) LAUNDRY APPLIANCES & EQUIPMENT					
13.1 Washing Machine					
13.2 Clothes Dryer					

SECTION 5 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT (Continued)					
EXPENSES FOR PAST 12 MONTHS					
Description	Date of Purchase (mm/yy)	Quantity	Value	Area/ Country (See Codes)	New/ 2nd
(a)	(b)	(c)	(d)	(e)	(f)
13.3 Irons					
13.4 Ironing Boards					
13.5 Clothes Pins					
13.6 Clothes Lines					
13.7 Bath/Wash Pans					
13.8 Scrub Boards					
13.9 Laundry Baskets					
13.10 Other (specify)					
14) CLEANING EQUIPMENT					
14.1 Vacuum Cleaner					
14.2 Floor Polisher					
14.3 Broom					
14.4 Mop					
14.5 Bucket					
14.6 Garbage Can					
14.7 Dust Can					
14.8 Scrub Brushes					
14.9 Other (specify)					
15) COOLING/HEATING EQUIPMENT					
15.1 Air Conditioner					
15.2 Ceiling Fans					
15.3 Portable Fans					
15.4 Space Heaters					
15.5 Water Heaters					
15.6 Water Coolers					
15.7 Other (specify)					
16) LIGHTING EQUIPMENT					
16.1 Candles					
16.2 Matches					
16.3 Batteries					
16.4 Flashlights					
16.5 Kerosene/Gas Lanterns					
16.6 Incandescent Bulbs					
16.7 Florescent Bulbs					
16.8 Electric Lamps					
16.9 Other (specify)					
17) OTHER HOUSEHOLD EQUIPMENT					
17.1 Water Pump					
17.2 Water Tank					
17.3 Sewing Machine					
17.4 Generator					
17.5 Lawn Mower					
17.6 Hedge Trimmer					
17.7 Garden Tools					

SECTION 5 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT (Continued)					
EXPENSES FOR PAST 12 MONTHS					
Description	Date of Purchase (mm/yy)	Quantity	Value	Area/ Country (See Codes)	New/ 2nd
(a)	(b)	(c)	(d)	(e)	(f)
17.8     Machetes					
17.9     Power Tools					
17.10    Hand Tools					
17.11    Wheel •row					
17.12    Garden Noses					
17.13    Other (specify)					
18)     REPAIR OF HOUSEHOLD EQUIPMENT					
18.1     Electrical appliances					
18.2     Electronic equipment					
16.3     Musical instruments					
18.4     Re-upholstering and Furniture Repair					
18.5     Lawnmower repair					
18.6     Repair of tools					
18.7     Other (specify)					



SECTION 6. CLOTHING AND FOOTWEAR (Expenditures during the past 12 months)												
A) READY-MADE CLOTHING												
Description	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country
(a)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)
2) Continued.	IND. No.			IND. No.			IND. No.			IND. No.		
2.4 Socks												
2.5 Other men's underwear												
3) OTHER MEN'S CLOTHING (14 YRS. AND OLDER)												
3.1 Ties												
3.2 Belts												
3.3 pyjamas												
3.4 Bathrobes												
3.5 Raincoats												
3.6 Hats/caps												
3.7 All other man's clothing												
4) BOYS' OUTERWEAR (UNDER 14 YEARS)												
4.1 Complete suit/cost												
4.2 Dress pants												
4.3 Jeans												
4.4 Other casual pants												
4.5 Short pants												
4.6 Uniform pants (school)												
4.7 Uniform shirts (school)												
4.8 Dress shirts												
4.9 T-shirts												
4.10 Sportshirts (with cotter)												

A) READY-MADE CLOTHING

Description	Qty.	Value	Area/	Qty.	Value	Area/	Qty.	Value	Area/
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[illegible]

SECTION 6. CLOTHING AND FOOTWEAR (Expenditures during the past 12 months) - Continued												
A) READY-MADE CLOTHING												
Description	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country
(a)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)
7) Continued	IND. No.			IND. No.			IND. No.					
7.9 T-shirt												
7.10 Sportswear												
7.11 Sweater/jackets												
7.12 Bathing suits (swim wear)												
7.13 Shorts												
7.14 Uniform blouse (school)												
7.15 Uniform skirt (school)												
7.16 Uniform dress (school)												
7.17 Other uniform (work)												
7.18 Other women's outerwear												
8) WOMEN'S UNDERWEAR & HOSTERY (14 YRS. AND OLDER)												
8.1 Underwear - panties												
8.2 Brassieres												
8.3 Slips												
8.4 Girdles												
8.5 Vests												
8.6 Nylon stockings												
8.7 Socks												
8.8 Other women's underwear												
9) OTHER WOMEN'S CLOTHING (14YRS. AND OLDER)												
9.1 Sleepwear (gown/pyjamas/duster)												

A) READY-MADE CLOTHING

[illegible][illegible]

SECTION 6. CLOTHING AND FOOTWEAR (Expenditures during the past 12 months) - Continued											
A) READY-MADE CLOTHING											
Description	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value
(a)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)
11) Continued	IND. No.			IND. No.			IND. No.			IND. No.	
11.3 Slips											
11.4 Girdles											
11.5 Vests											
11.6 Stockings											
11.7 Socks											
11.8 Other girl's underwear											
12) OTHER GIRLS' CLOTHING (UNDER 14 YEARS)											
12.1 Sleepwear (gown/pyjamas/dusters)											
12.2 Hats/Caps											
12.3 All other girls' clothing											
13) INFANTS CLOTHING (UNDER 2 YEARS)											
13.1 Dresses/suits/playsuits											
13.2 Disposable diapers											
13.3 Diapers (cloth)											
13.4) All other infants clothing											
14) MEN'S AND BOYS CL.;OTHER ACCESSORIES											
14.1 Watches											
14.2 Jewelry											
14.3 Wallets											
14.4 Umbrella											
14.5 Briefcase/suitcase											

A) READY-MADE CLOTHING

[illegible][illegible]

SECTION 6. CLOTHING AND FOOTWEAR (Expenditures during the past 12 months) - Continued												
A) READY-MADE CLOTHING												
Description	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country
(a)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)
17) Continued	IND. No.			IND. No.			IND. No.			IND. No.		
17.3 Uniform material (work)												
17.4 Other women's and girls' material												
B) TAILORING AND DRESSMAKING (Do not include cost of material)												
1) MEN'S AND BOYS' TAILORING												
1.1 Complete suits/costs												
1.2 Pants												
1.3 Shirts												
1.4 Uniform pants (school)												
1.5 Uniform shirts (school)												
1.6 Other men's and boys' tailoring												
2) WOMEN'S AND GIRLS' DRESSMAKING												
2.1 Complete suits/jackets												
2.2 Dresses/skirts/blouses												
2.3 Uniform (school)												
2.4 Uniform (work)												
2.5 Other women's and girl's dressmaking												
3) REPAIRS AND ALTERATIONS												
3.1 Men's and boys' clothing continued												
3.2 Women's and girls' clothing												

C) FOOTWEAR

[illegible]

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
1) MEN'S AND BOYS' FOOTWEAR									
1.1 Dress and casual shoes	IND. No.								
1.2 Dress boots									
1.3 Tennis shoes									
1.4 Rain boots									
1.5 Slippers									
1.6 Work shoes and boots									
1.7 Other men's and boys' footwear									
2) WOMEN'S AND GIRLS' FOOTWEAR									
2.1 Dress and casual shoes									
2.2 Tennis shoes									
2.3 Slippers									
2.4 Other women's and girls' footwear									
3) INFANTS' FOOTWEAR (under 2 yr. old)									
3.1 Dress shoes									
3.2 Tennis shoes									
3.3 Slippers									
3.4 other children & Infants, footwear									
4) FOOTWEAR REPAIRS									
4.1 Men's and boys' footwear									
Continued.									

SECTION 7. EXPENDITURE ON PERSONAL AND SELECTED SERVICES (Past Month)												
Description	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country	Qty.	Value	Area/ Country
(a)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)	(d)
	IND. No.			IND. No.			IND. No.			IND. No.		
1. Men's Haircut/Shaves												
2. Shoe Shine												
3. Women's Haircut												
4. Hair Styling												
5. Perms												
6. Relax												
7. Manicure												
8. Pedicure												
9. Laundry service												
10. Dry cleaning service												
11. Music lessons												
12. Fitness classes												
13. Other Personal and Selected Services												

SECTION 8: ENTERTAINMENT, RECREATION AND MISCELLANEOUS EXPENDITURES (Past 12 Months)				
Description	IND. NO.	IND. NO.	IND. NO.	IND. NO.
	Value	Value	Value	Value
(a)	(b)	(c)	(d)	(e)
1. Cinema				
2. Concerts/Plays/Pageants				
3. Spectator sports - entrance fee, treats etc. (Basketball, Football, Softball, Terms etc.)				
4. Participant sport - equipment (Basketball, Football, Softball, Tennis, Fishing, Diving etc.)				
5. Participant sport - dues/ membership fee/ subscription (Basketball, Football, Softball, Tennis, Fishing, Diving, Weight lifting, Aero- bics, etc.)				
6. Night Clubs (entrance fee, drinks, etc.)				
7. Newspapers				
8. Books (Other then school books)				
9. Magazines				
10. Hobbies				
11. Fairs/Shows				
12. Other recreation and sports				
13. Weddings				
14. Funerals				
15. Gifts				
16. Party expenses (other than food)				
17. Flowers				
18. Veterinary expenses (for pets)				
19. Pet food				
20. Other pet expenses				
21. Boledo/lottery tickets				
22. Postage				
23. Stationary				
24. Telegrams				
25. Pay telephones calls				
26. Church contributions				
27. Other charitable contributions				
28. Other expenditures n.e.s (specify) _____				

SECTION 9: TRANSPORTATION																					
A) PRIVATE TRANSPORTATION (Past 12 Months)																					
1. Inventory, acquisition (purchase) and transfer (mate) of vehicles. (List all vehicles used by the household during the past 12 months. Include any vehicles which may have been sold during the past 12 months.)																					
(a)		(b)		(c)		(d)	(e)	(f)	(g)	ACQUISITION (PURCHASE)				TRANSFER (SALE)							
Did the household own any of the following vehicles during the last 12 months? (Include vehicles sold during the last 12 months.)		Description		Purchase In the last 12 months		Sold in the last 12 months. If "Y" go to (p)	Is vehicle used for business?	Percent used for business	Estimate current market value (include only those vehicles still owned by the family)	Date of Acquisition	Form of acquisition	Full price (value at time of acquisition)	1) Hire 2) Cash If 2) then stop.	Down Payment	Monthly Payment	No. of Payments contracted for	Total value of payments during last 12 months	Date of transfer (sale)	Type of transfer	Sale Price	
Type	Y	N	Make-Model Name	Year	Y	N	Y	N	Y	MM	YY	1. Purchase 2. Trade 3. Gift 4. Other If not 1. then stop.						MM	YY	1. Sale 2. Trade 3. Gift 4. Other	
1.1			Car, station wagon																		
1.2			4 Wheel drive vehicle																		
1.3			Van																		
1.4			Pickup truck																		
1.5			Other truck																		
1.6			Motorcycle																		
1.7			Moped																		
1.8			Bicycle																		
1.9			Motor boat																		
1.10			Sail boat																		
1.11			Dory or canoe																		
1.12			Other (Specify)																		
1.13			Total (OFFICE USE ONLY)																		

## SECTION 9: TRANSPORTATION (Continued)

### 2) Operating expenses, maintenance and repairs.

#### a) Operating Expenses

Individual Number	Value	value	Value	Value
Description				
2.1 Miles run (monthly)				
2.2 Gasoline (monthly)				
2.3 Diesel fuel (monthly)				
2.4 Oil (monthly)				
2.5 licence (past 12 months)				
2.6 Insurance - private (past 12 months)				
2.7 Permit (past 12 months)				
2.8 Tolls (past month)				
2.9 Other (past 12 months) (Specify) _____				

#### b) Servicing and Repairs (past 12 months):

Individual Number	Value	value	Value	Value
Description				
2.10 Regular Service (oil change, tune up, oil wash, body wash, wax, tyre repair, etc.)				
2.11 Brake Repair				
2.12 Engine Repair				
2.13 Body work (include paint)				
2.14 Other Services and Repairs: (Specify) _____ _____				

#### c) Parts and Supplies (past 12 months):

Individual Number	Value	value	Value	Value
Description				
2.15 Tyres and Tubes				
2.16 Battery				
2.17 Exhaust/Muffler				
2.18 Engine Parts				
2.19 Spark Plugs				
2.20 Car care item (wax, seat covers, sun shades, etc.)				
2.21 Other (past 12 months) (Specify) _____				

SECTION 9: TRANSPORTATION (Continued)

B) PUBLIC TRANSPORTATION (Other than vacation and business travel)  
Expenditures during the past 12 months.

Individual Number	Value	value	Value	Value
Description				
1 Air				
2 Sea				
3 Bus				
4 Taxi				
5 Other				

SECTION 10: TRAVEL (Expenditures during the past 12 months.)

1) Local Travel

Did any member(s) of the household travel to or visit any part of the country on vacation during the past 12 months. (Exclude business travel.)

☐ YES ☐ No

Individual Number		Value	Value	Value	Value
Description					
1.1 Air fare					
1.2 Sea fare					
1.3 Bus fare					
1.4 Taxi					
1.5 Travel in personal vehicle					
1.5a - gasoline					
1.5b - other expenses					
1.6 Hotel					
1.7 Meals					
1.8 Tips					
1.9 Entertainment (tours, nightclubs, museums, sports events, etc.)					
1.10 Other expenses (rentals, souvenirs, etc.)					

## SECTION 10: TRAVEL (Continued)

### 2) FOREIGN TRAVEL

Did any member(s) of the household travel to visit another country on vacation during the past 12 months?

☐ YES ☐ No

Description	Ind.	No. Value	Country	Ind.	No. Value	Country	Ind.	No. Value	Country
2.1 Air fare									Country
2.2 Sea Fare									
2.3 Departure tax									
2.4 Bus fares fare									
2.5 Taxi									
2.6 Hotel									
2.7 Meals									
2.8 Tips									
2.9 Entertainment (tours, museums sport events, nightclubs, etc.)									
2.10 Package tours and excursions									
2.11 Custom duties									
2.12 Other expenses (rentals, souvenirs, etc.)									

## SECTION 11: EDUCATION (Past 12 Months)

### A) SCREENING QUESTIONS (Past 12 Months)

1.	Did any member(s) of the family attend school during the past 12 months? (NOTE: This may be either full time or part time.)	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
2.	Indicate number of students for which expenditures were made during the past 12 months		
	Pre-school	2.1	_____
	Primary	2.2	_____
	Secondary/Continuing Education/Vocational/Technical	2.3	_____
	Tertiary (Sixth Form/Teachers College/Nursing School Belize College of Agriculture, U.C.B., Other University)	2.4	_____

### B) PRE-SCHOOL (PAST 12 MONTHS)

Description	Value
1. Tuition	
2. Fees	
3. Supplies/equipment	
4. Other expenses (Specify) _____	

### C) PRIMARY (PAST 12 MONTHS)

Description	Value
1. Tuition	
2. Fees	
3. Book/supplies/equipment	
4. Special Lessons	
5. Uniforms (boy)	
6. Uniforms (girls)	
7. Other expenses (specify) _____	

### D) SECONDARY/CONTINUING EDUCATION/TECHNICAL/VOCATIONAL (Past 12 Months)

Description	Amount paid by	
	Scholarship	Family
(a)	(b)	(c)
1. Tuition		
2. Fees		
3. Books/supplies/equipment		
4. Special lessons		
5. Boarding/Lodging		
6. Uniforms (men's)		
7. Uniforms (women's)		
8. Other Expenses (specify) _____		

SECTION 11: EDUCATION (Past 12 Months) - Continued		
E) TERTIARY (Past 12 Months)		
Description	Amount paid by	
	Scholarship	Family
(a)	(b)	(c)
1. Tuition		
2. Fees		
3. Books/supplies/equipment		
4. Special lessons		
5. Boarding/Lodging		
6. Uniforms (men's)		
7. Uniforms (women's)		
8. Other Expenses (specify) _____		

SECTION 12. HEALTH CARE						
A) EXPENDITURES ON HEALTH INSURANCE						
1) Which household members) contribute to social security?						
Ind. No. _____	Ind. No. _____					
Ind. No. _____	Ind. No. _____					
Ind. No. _____	Ind. No. _____					
Ind. No. _____	Ind. No. _____					
2) Does any member(s) of the household own a private health Insurance policy		<input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" skip to Part B.)				
HEALTH INSURANCE POLICIES		Policy No. 1	Policy No. 2	Policy No. 3	Policy No. 4	FOR OFFICE USE ONLY
(a)		(b)	(c)	(d)	(e)	Value (f)
IND. NO.		IND. NO.	IND. NO.	IND. NO.	IND. NO.	
3) Individual Number of health insurance policy owner.						
4) Type of health insurance policy.						
Personal (Individual)	4.1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Family	4.2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Group	4.3	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	4.4	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5) Who pays the premium?						
The policy owner pays the entire premium	5.1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
The employer pays the entire premium	5.2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
The employer pays part of the premium	5.3	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	5.4	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6) What types of medical care are covered?						
Accidents	6.01	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization	6.02	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 12: HEALTH CARE (Past 12 months) - Continued						
HEALTH INSURANCE POLICIES		Policy No.1	Policy No.1	Policy No.1	Policy No.1	FOR OFFICE USE ONLY Value
(a)	(b)	(c)	(d)	(e)	(f)	
Individual Number of Policy Owner.	IND. NO.	IND. NO.	IND. NO.	IND. NO.		
6)						
Continued						
Maternity	<input type="checkbox"/> 6.03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/> 6.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X-Ray	<input type="checkbox"/> 6.05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lab Fees	<input type="checkbox"/> 6.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anesthesia	<input type="checkbox"/> 6.07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/> 6.08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physicians fees, hospital	<input type="checkbox"/> 6.09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physicians fees, office visit	<input type="checkbox"/> 6.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Care	<input type="checkbox"/> 6.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glasses (Eye test)	<input type="checkbox"/> 6.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specifically)	<input type="checkbox"/> 6.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7)						
Value of last premium payment (include only payments made by policy owner)	<input type="checkbox"/> 7	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	
8)						
Period covered by payment						
Weekly	<input type="checkbox"/> 8.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bi-monthly	<input type="checkbox"/> 8.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly	<input type="checkbox"/> 8.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quarterly	<input type="checkbox"/> 8.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Semi-annually	<input type="checkbox"/> 8.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annually	<input type="checkbox"/> 8.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify) _____	<input type="checkbox"/> 8.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





C) Medicine and Drugs

IND. NO.	IND. NO.	IND. NO.

(a)	(b)	(c)	(d)	(b)	(c)	(d)
Description	Description of Service	Value paid past 12 month	Area/ Country	Description of Service	Value paid past 12 month	Area/ Country
5.	Flu/Cold Medicine					
6.	Tranquilizers					
7.	Vitamins					
8.	Disinfectants					
9.	First Aid Supplies					

SECTION 12: HEALTH CARE (Past 12 months) - Continued									
C) Medicine and Drugs									
Description	IND. NO.			IND. NO.			IND. NO.		
	(a)	(b)	(c)	(d)	(b)	(c)	(d)	(b)	(c)
		Description of Service	Value paid past 12 month	Area/ Country	Description of Service	Value paid past 12 month	Area/ Country	Description of Service	Value paid past 12 month
9. First Aid Supplies (Continued)									
10. Contraceptives (Condoms, birth control pills, others)									
11.. Herbal Medicine									
12. Other Medicine and Drugs									

**SECTION 13: LIFE INSURANCE (Past 12 months)**

LIFE INSURANCE POLICIES				Policy No.1	Policy No.1	Policy No.1	Policy No.1	FOR OFFICE USE ONLY Value
(a)	(b)	(c)	(d)	(e)	(f)			
1) Does any member of the household own a life policy? 1. <input type="checkbox"/> Yes    2. <input type="checkbox"/> No (If "NO" skip to Part B.)								
2) Individual Number of life insurance policy owner.	IND. NO.	IND. NO.	IND. NO.	IND. NO.				
3) Type of insurance Personal                      3.1 <input type="checkbox"/> Group                         3.2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4) Type of Policy Term                            4.1 <input type="checkbox"/> Whole Life                    4.2 <input type="checkbox"/> Endowment                  4.3 <input type="checkbox"/> Other (specify) _____ 4.4 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5) Face value of policy	\$	\$	\$	\$	\$			
6) Value of last premium payment (Include only premiums paid by household)	\$	\$	\$	\$	\$			
7) Payment period Weekly                         7.1 <input type="checkbox"/> Bi-monthly                    7.2 <input type="checkbox"/> Monthly                        7.3 <input type="checkbox"/> Quarterly                      7.4 <input type="checkbox"/> Semi-annually                7.5 <input type="checkbox"/> Annually                       7.6 <input type="checkbox"/> Other (Specify) _____ 7.7 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION 14 . FINANCE CHARGES AND INVENTORY OF CREDIT (Past 12 months)														
Interviewer: Advise respondent that members of the household sometimes spend more than they earn and so incur debt to make their current and more expensive purchases e.g. refrigerators, cars, education, foreign travel, etc. This question is an attempt to find out about debt accumulations and financing. State the total amount of money owed by you or any member of the household during the past 12 months. Include loans which were paid off during the past 12 months. Exclude mortgages which are reported in SECTION 3. Include loans for hire purchase of vehicles from SECTION 10.														
(a)	(b)	(c)	(d)		(e)		(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Credit Source	Description	Original Value of loan (\$)	Data, of Transaction		Credit obtained during the past 12 months.		Down Payment (\$)	Duration of loan (months)	Frequency of Payments	Amount of each Payment (\$)	Annual Interest rate (%)	Total Number of payments contracted for.	Total value of payments during the past 12 months. (\$)	Outstanding balance (\$)
			MM	YY	Yes	No								
1. Banks														
2. Insurance Companies (Do not include premium payments.)														
3. Credit Unions														
4. Hire-Purchases														
5. Finance Companies														
6. Charge Accounts (grocery, etc.)														

## SECTION 14. FINANCE CHARGES AND INVENTORY OF CREDIT (Past 12 months)

SECTION 15 - SAVINGS, INVESTMENTS, LOANS AND OTHER EXPENSES (Past 12 Months)					
	IND. NO	Value	IND. NO	Value	IND. NO
Description		(b)		(c)	
(a)				(d)	(e)
1. Purchase of stocks and bonds.					
2. Real estate expenses not reported in SECTION 3.					
3. Other investments.					
4. Loans to persons outside the housing unit.					
5. Money which was lost or stolen.					
6. Alimony/child maintenance.					
7. Court fines.					
8. Gambling losses.					
9. Other expenses n.e.s. (Specify) _____					
10. Net difference in savings.					
Total savings at month of survey 10.1					
Total savings 12 months ago 10.2					
Net difference in savings during the past 12 months. (10.1 - 10.2) This amount could be either positive or negative 10.3					

## SECTION 16: INCOME (Past 12 Months)

PART A: For all household members who earned or received income - Post 12 months		IND. NO.	IND. NO.	IND. NO.	IND. NO.
1.	Which household members worked during the past 12 months				
2.	Now many months did you work during the past 12 months				
3.	Are you presently a paid employee (including retired person with jobs)? (If YES proceed to PART B)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you presently an employer or self-employed (If YES proceed to PART C)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you presently unemployed or a retired person without a job? (If YES proceed to PART D)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PART B - INCOME OF EMPLOYEES (Including Retired Persons with Jobs) - Past 12 months					
6.	Indicate which members of the household are paid employees.	IND. NO.	IND. NO.	IND. NO.	IND. NO.
7.	How much did you receive in wages or salary or piece work payments last pay period? (include overtime, tips, bonuses, commissions, etc.)				
8.	What period did your pay cover?				
9.	Do you get this amount regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	If "NO" to Q9, what is your average gross pay?				
11.	How much was deducted for:				
	Income Tax				
	Social Security				
	Pension Plan				
	Life Insurance				
	Deductions to Banks/Credit Union for Savings/Loan Payments/Mortgage Payments				
	Union dues				
	Other (specify)				
12.	How much was your net (take home) pay for the last pay period?				

SECTION 16: INCOME (Past 12 Months)					
PART B: Continued		IND. NO.	IND. NO.	IND. NO.	IND. NO.
14.	If "YES" to 013 state amount received In past 12 months				
15.	What Is your current annual gross income?				
16.	What was your total gross Income from wages, salaries, tips, bonuses, and commissions during the past 12 months?				
PART C: INCOME OF EMPLOYERS AND SELF-EMPLOYED PERSONS - Past 12 months					
17.	Indicate which household members are employers or self-employed	IND. NO.	IND. NO.	IND. NO.	IND. NO.
18.	How much was the net Income from your Business or Profession during the post 12 months? (Include deductions such as Tax, Social Security, Life Insurance, etc. Exclude business expenses, cost of materials, employee labor costs, depreciation, etc)				
19.	Were any goods or services from your business withdrawn for personal use? (During the past 12 months.)				
20.	What was the value of those goods or services withdrawn for personal use? (During the past 12 months.)				
21.	Deductions (Include only those payments on behalf of the respondent):				
	Income Tax	21.1			
	Social Security	21.2			
	Pension Plan	21.3			
	Life Insurance	21.4			
	Deduction to Banks/Credit Unions for Savings/Loan Payments/Mortgage Payments	21.5			
	Other (specify) _____	21.6			
PART D: INCOME OF RETIRED PERSONS WITHOUT JOBS, UNEMPLOYED, ETC. (Include those who are not presently employed but worked during the past 12 months.)					
22.	Indicate which household members are presently unemployed	IND. NO.	IND. NO.	IND. NO.	IND. NO.
23.	Old Age Pensions				
24.	Social Security Benefits				
25.	Gratuity				
26.	Retirement pensions				

SECTION 16: INCOME (Past 12 Months)					
PART D: Continued		IND. NO.	IND. NO.	IND. NO.	IND. NO.
27.	Social Assistance				
28.	Total gross income from wages, salaries, tips, bonuses and commissions during the past 12 months (for those who worked during the past 12 months).				
PART E: OTHER SOURCES OF INCOME (ALL PERSONS)					
29.	Indicate which members of the household received any additional income from other sources	IND. NO.	IND. NO.	IND. NO.	IND. NO.
30.	Income from hunting, fishing and sole of home-produced goods				
31.	Income from odd-jobs, part-time work, n.e.s., etc.				
32.	Interest on bank and other fixed deposits				
33.	Interest on bonds				
34.	Other interest receipts e.g. loans (specify) _____				
35.	Net Income from rents. (Include rental income from Section 3 Part B 012 and Part C 026)				
36.	Dividends on stocks and shares				
37.	Remittances from abroad				
38.	Retirement pensions (Retired person with job)				
39.	Gratuity				
40.	Social Security benefits				
41.	Alimony/child maintenance (received)				
42.	Net Income from boarders and lodgers who are not members of the household. (Do not include rental income reported in 035				
43.	Insurance benefits and trust funds				
44.	Support from other relatives or friends outside the household but living in Belize				
45.	Any other income: gifts, inheritances, etc. (specify) _____				
PART F: TOTAL EARNED INCOME (Office Use Only)					
PART G: TOTAL INCOME (All Sources)					

## SECTION 17. AGRICULTURAL SUPPLEMENT

### PART A) HOME PRODUCTION ACTIVITY (Past 12 months)

1. Did the household produce any food during the past 12 months?

☐ YES ☐ No

2. Does the household own or operate a farm?

☐ YES ☐ No

If Yes, size in acres: \_\_\_\_\_

(Note: If answers to both 01 and 02 are 'NO' then discontinue with this Section.

3. Estimate percentage of total production (where production is in acres ) that is consumed by the household. \_\_\_\_\_ %

### PART B) POULTRY AND EGGS. (Past 12 months)

Did the household produce any poultry and eggs during the past 12 months? (If answer is "No" then go to PART C.)

☐ YES ☐ No

	Quantity Produced	Unit of Quantity	Quantity Sold	Value of Quantity Sold	Average Unit Price (OFFICE USE ONLY)	Quantity Consumed (Household)	Value of Quantity Consumed (OFFICE USE ONLY)	Qty. Given Away/ Wasted/ Exchanged
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1. Men								
2. Rooster								
3. Turkey								
4. Duck								
5. Geese								
6. Guinea men								
7. Eggs (hen)								
8. Other								

### PART C) MEAT AND FISH (Past 12 months)

Did the household produce/catch any Meat and Fish during the past 12 months? (If answer is "NO" then go to PART D.)

☐ YES ☐ No

	Quantity Produced	Unit of Quantity	Quantity Sold	Value of Quantity Sold	Average Unit Price (OFFICE USE ONLY)	Quantity Consumed (Household)	Value of Quantity Consumed (OFFICE USE ONLY)	Qty. Given Away/ Wasted/ Exchanged
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1. Beef								
2. Pork								
3. Mutton								
4. Game Meat								
5. Sausage								
6. Riverfish								
7. Sea Fish								
8. Lobster								
9. Conch								
10. Shrimp								
11. Sea Crab								
12. Other Meat								
13. Other Fish								

## SECTION 17. AGRICULTURAL SUPPLEMENT (Continued)

### PART D) FRUITS (Post 12 months)

Did the household produce any Fruits during the past 12 months? (If answer is "No" then go to PART E.)

☐ YES ☐ No

	Quantity Produced	Unit of Quantity	Quantity Sold	Value of Quantity Sold	Average Unit Price (OFFICE USE ONLY)	Quantity Consumed (Household)	Value of Quantity Consumed (OFFICE USE ONLY)	Qty. Given Away/ Wasted/ Exchanged
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1. Orange								
2. Grapefruit								
3. Lime/Lemon								
4. Other citrus								
5. Banana								
6. Watermelon								
7. Papaya								
8. Pineapple								
9. Coconut								
10. Craboo								
11. Mango								
12. Plums								
13. Soursop								
14. Custard Apple								
15. Melon (Cantelope)								
16. Cashew								
17. Other fruit								

### PART E) VEGETABLES (Past 12 months)

Did the household produce any Vegetables during the past 12 months? If answer is "NO" then go to PART F.)

☐ YES ☐ No

	Quantity Produced	Unit of Quantity	Quantity Sold	Value of Quantity Sold	Average Unit Price (OFFICE USE ONLY)	Quantity Consumed (Household)	Value of Quantity Consumed (OFFICE USE ONLY)	Qty. Given Away/ Wasted/ Exchanged
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1. Rice								
2. RK Beans								
3. Other Beans								
4. Peas								
5. Corn								
6. Irish Potato								
7. Onion								
8. Tomato								
9. Sweet Pepper								
10. Carrots								
11. Cabbage								
12. Lettuce								
13. Cucumber								
14. Celery								

## SECTION 17. AGRICULTURAL SUPPLEMENT (Continued)

### PART E) Vegetables (Continued)

	Quantity Produced	Unit of Quantity	Quantity Sold	Value of Quantity Sold	Average Unit Price (OFFICE USE ONLY)	Quantity Consumed (Household)	Value of Quantity Consumed (OFFICE USE ONLY)	Qty. Given Away/ Wasted/ Exchanged
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
15. Hot Pepper								
16. Plantain								
17. Avocado								
18. Cassava								
19. Yam								
20. Cocoa								
21. Sweet Potato								
22. Chocho								
23. Cauliflower								
24. Garden Eggs								
25. Squash								
26. Pumpkin								
27. Okra								
28. Other vegetable								

### PART F) OTHER HOME PRODUCTION (Past 12 months)

Did the household produce any other food during the past 12 months.

(If answer is "NO" then go to PART G.)

☐ YES ☐ No

	Quantity Produced	Unit of Quantity	Quantity Sold	Value of Quantity Sold	Average Unit Price (OFFICE USE ONLY)	Quantity Consumed (Household)	Value of Quantity Consumed (OFFICE USE ONLY)	Qty. Given Away/ Wasted/ Exchanged
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1. Milk								
2. Cheese								
3. Butter								
4. Honey								
5. Coconut Oil								
6. Charcoal								
7. Firewood								
8. Other								

## SECTION 17. AGRICULTURAL SUPPLEMENT (Continued)

### PART G) INPUTS FOR NONE PRODUCTION (Past 12 months)

Did the household spend own money in producing food for own consumption during the past 12 month?

(If answer is "NO" then go to PART G.)

☐ YES ☐ No

#### 1. Material Inputs

Description	Quantity	Unit of Quantity	Value
(a)	(b)	(c)	(d)
1.1 Seeds			
1.2 Plants			
1.3 Animals			
1.4 Food			
1.5 Fertilizers			
1.6 Chemicals			
1.7 Equipment			
1.8 Other			
1.9 TOTAL VALUE (OFFICE USE ONLY)			

#### 2. Labour

Labour	Hours per Month	Value of Labour for Past 12 Months
2.1 Hired Labour		
2.2 Household Labour		FOR OFFICE USE ONLY
2.3 TOTAL COST (OFFICE USE ONLY)		

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This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.

This image shows a full page of blank, lined paper. It features approximately 28 evenly spaced horizontal grey lines across its entire width, providing a guide for handwriting or typing. The paper itself is a clean, off-white color. There are no margins, text, or other markings present on the page.

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