

**CONFIDENTIAL**

**HOUSEHOLD I.D :**   |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**INTERVIEWER :**

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**geodouro@statistics.gr**

## STATISTICS ON INCOME AND LIVING CONDITIONS (EU-SILC)

## HOUSEHOLD QUESTIONNAIRE

The survey is being conducted in a sample of households having been randomly designed by the NSSG. The supply of data is OBLIGATORY and the answers in the questions are CONFIDENTIAL (L.3267/56 and L.2392/96).

Piraeus, 2007

## 1. FOR THE INTERVIEWER : Please note:

- Time interview began (e.g 18.30).....    .
- Line number of member providing information for the household
- Line number of member who is responsible for the dwelling  
*If the registration of one responsible member is not possible, note the line number of the two members*  
Line number of first responsible person
- Line number of second responsible person
- Line number of member who is managing the household financial  
*If the registration of a member is not possible, note the persons line number.*  
Line number of first member
- Line number of second member

### PERSONS WHO ARE FINANCIAL BURDEN TO THE HOUSEHOLD IRRESPECTIVELY IF THEY LIVE IN THE HOUSEHOLD OR NOT

**For the interviewer:** Every person who is a financial burden in the household must be recorded in one and only category of the following. E.g.unmarried child aged 17 years old with disability 67% must be recorded in the category "Number of children irrespective of age who are disabled with percentage 67% and over,are single, divorced or widowed"

- Number of children aged less than 19 years old (born till 1988).....
- Number of children aged between 19-25 years old (born between 1981-1987) who are studying in acknowledged by the State institutions or are registered in O.A.E.D. catalogues even or not living in the household.....
- Number of children irrespective of age who are disabled with percentage 67% and over, are single, divorced or widowed .....
- Number of children who are unmarried soldiers.....
- Unmarried or widowed or divorced siblings with disability more than 67%.....

### ELEMENTS OF DWELLING

## 2. Your dwelling type is :

- Detached house..... ☐ 1
- Semi-detached or groups of similarly dwellings..... ☐ 2
- Apartment or flat in a building with less than 10 dwellings..... ☐ 3
- Apartment or flat in a building with 10 dwellings or more..... ☐ 4
- Some other kind of accommodation, please specify:..... ☐ 5

- As group of similarly dwellings are defined the dwellings having separate entrance from the street and some times there is lobby in which all the dwellings have access ( staircase, corridor, balcony etc.).
- The block of flats with two entrances will be considered as two different buildings, if every entrance leads only to some of the flats and not to all.

**3. How many rooms does your household have use of, not counting kitchens, bathrooms and toilets?**

*(Exclude rooms used only for business purposes. A combined kitchen – living room should be counted as one room)*

Number of rooms.....

Dwelling area.....(sq .m.)

**4. Does your dwelling have the following amenities?**

**YES NO**

- |                                |                            |                            |
|--------------------------------|----------------------------|----------------------------|
| - Bath or shower .....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Indoor flushing toilet ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Balcony.....                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Terrace.....                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Garage.....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Elevator.....                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Piscine.....                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Garden.....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**5. Do you have any of the following problems with your accommodation?**

**YES NO**

- |  |                            |                            |
|--|----------------------------|----------------------------|
| - Leaking roof, damp walls/floors/foundation, or rot in window frames<br>or floor.....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Too dark not enough light .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Noise from neighbors or noise from the street (traffic, business, factories etc.)              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Pollution, grime or other environmental problems in area caused by traffic<br>or industry..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Crime, violence or vandalism in the area.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**6. Your dwelling tenure status is:**

- |  |                                   |
|--|-----------------------------------|
| - Owned?.....  | <input type="checkbox"/> 1 → 7.1  |
| - Rented, sub-rented with rent at prevailing or market price <i>(Included are cases where rent is recovered from housing benefit)?</i> ..... | <input type="checkbox"/> 2 → 8.1  |
| - Rented at a reduced price (lower price than the market price)?.....  | <input type="checkbox"/> 3 → 9.1  |
| - Provided rent-free <i>(from the employer, relatives, etc.)?</i> .....  | <input type="checkbox"/> 4 → 10.1 |

## OWNED DWELLING

### 7.1 When did you purchase/inhabit your dwelling;

Year

### 7.2 How much would you pay as monthly rent for your dwelling, if you were renting a similar dwelling?

- Monthly imputed rent ..... €  → 7.4
- Do not know ..... ☐ → 7.3

### 7.3 If you do not know, could you please provide the approximate range you would be willing to pay?

- Less than 151 € ..... ☐ 1
- 151 – 350€ ..... ☐ 2
- 351 – 500€ ..... ☐ 3
- 501 – 650€ ..... ☐ 4
- 651 – 800€ ..... ☐ 5
- 801 – 950€ ..... ☐ 6
- 951 – 1200€ ..... ☐ 7
- 1.201 – 1.400€ ..... ☐ 8
- 1.401 – 1.600€ ..... ☐ 9
- 1.601 – 1.800€ ..... ☐ 10
- 1.801 – 2.000€ ..... ☐ 11
- 2.001 – 2.500€ ..... ☐ 12
- More than 2.500€ ..... ☐ 13

### 7.4 During 2006, did you receive any allowance, subsidy or other payments from the State for housing costs? (*Included are military allowances, housing benefit etc.*)

- Yes..... ☐ 1
- No..... ☐ 2 → 7.7

### 7.5 What was the monthly amount you received?

*Please include any amounts paid directly to the landlord or to the mortgage provider (for cases of rent benefit).*

- **Monthly amount** ..... €
- Please record the type of allowance/ benefit: \_\_\_\_\_

**7.6 During 2006, for how many months did you receive this payment?**

- Number of months .....

**7.7 Do you pay for :**

	YES	NO	AMOUNT	Period covered in months
• Water?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Electricity?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Gas? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Liquid or solid fuels (e.g. petroleum, coke, liquid gas, firewood, etc)? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Heating, hot running water? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Dwelling's insurance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Sewage removal? ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Refuse removal?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Other charges (common use expenses—except for heating, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
• Regular maintenance or repair.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**7.8 For the purchase or construction of you dwelling have you received a loan, that you haven't repaid yet, and for which interest is paid?**

- Yes..... ☐ 1
- No..... ☐ 2 →10.5

**If yes:**

- When did you receive the loan ..... Year
- Which is the amount received?..... Amount €
- Which is the loan duration?..... Years
- Which is the loan interest rate? .....  %
- Interest paid in 2006 ..... Amount €
- Kind of loan (e.g. maintenance, earthquake stricken, etc)

.....→10.5

## RENTED DWELLING

### 8.1 When did you sign the rent contract for your dwelling?

Year |\_|\_|\_|\_|

### 8.2 How much are you paying for rent per month for your main dwelling?

- Gross **monthly** amount of rent (before deducting any amount reimbursed from housing benefit)

€ |\_\_\_\_\_|

### 8.3 During 2006, did you receive any allowance, subsidy or other payments from the State for housing costs? (*Included are military allowances, housing benefit etc.*)

- Yes..... ☐ 1 → 8.4  
 - No..... ☐ 2 → 8.6

### 8.4 What was the monthly amount you received?

- **Monthly amount** ..... € |\_\_\_\_\_|

- Please record the type of allowance/ benefit: \_\_\_\_\_

### 8.5 During 2006, for how many months did you receive this payment?

- Number of months ..... |\_|\_|

### 8.6 Do you pay for :

	YES	NO	AMOUNT	Period covered in months	
• Water?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	} → 10.5
• Electricity?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	
• Gas? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	
• Liquid or solid fuels (e.g. petroleum, coke, liquid gas, firewood, etc)? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	
• Heating, hot running water? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	
• Dwelling's insurance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	
• Sewage removal? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	
• Refuse removal?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	
• Other charges (common use expenses—except for heating, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	
• Regular maintenance or repair .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _	

**DWELLING RENTED WITH RENT LOWER THAN  
THE MARKET PRICE**

**9.1 When did you sign the rent contract for your dwelling?**

Year | | | | |

**9.2 How much are you paying for rent per month for your main dwelling?**

- Gross **monthly** amount of rent *(before deducting any amount reimbursed from housing benefit)*

€ | | | | |

**9.3 How much rent would you pay if you weren't provided this reduced price?**

- Monthly imputed rent ..... € | | | | | → 9.5

- Don't know ..... ☐ → 9.4

**9.4 If you do not know, could you please provide the approximate range you would be willing to pay?**

- Less than 151 € ..... ☐ 1
- 151 – 350€ ..... ☐ 2
- 351 – 500€ ..... ☐ 3
- 501 – 650€ ..... ☐ 4
- 651 – 800€ ..... ☐ 5
- 801 – 950€ ..... ☐ 6
- 951 – 1200€ ..... ☐ 7
- 1.201 – 1.400€ ..... ☐ 8
- 1.401 – 1.600€ ..... ☐ 9
- 1.601 – 1.800€ ..... ☐ 10
- 1.801 – 2.000€ ..... ☐ 11
- 2.001 – 2.500€ ..... ☐ 12
- More than 2.500€ ..... ☐ 13

**9.5 During 2006, did you receive any allowance, subsidy or other payments from the State for housing costs? *(Included are military allowances, housing benefit etc.)***

- Yes ..... ☐ 1

- No ..... ☐ 2 → 9.8

**9.6 What was the monthly amount you received?**

*Please include any amounts paid directly to the tenant (for the cases of rent benefit).*

- **Monthly amount** ..... € |\_\_\_\_\_|

- Please record the type of allowance/ benefit: \_\_\_\_\_

**9.7 During 2006, for how many months did you receive this payment?**

- Number of months ..... |\_\_|

**9.8 Do you pay for :**

	YES	NO	AMOUNT	Period covered in months	
• Water?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	} → 10.5
• Electricity?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	
• Gas? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	
• Liquid or solid fuels (e.g. petroleum, coke, liquid gas, firewood, etc)? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	
• Heating, hot running water? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	
• Dwelling's insurance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	
• Sewage removal? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	
• Refuse removal?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	
• Other charges (common use expenses—except for heating, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	
• Regular maintenance or repair .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	__	

**PROVIDED RENT-FREE DWELLING**

**10.1 When did you move to this dwelling?**

Year |\_\_|\_\_|\_\_|

**10.2 How much would you pay as monthly rent for your dwelling, if you were paying rent for a similar dwelling?**

- Monthly imputed rent ..... € |\_\_\_\_\_| → 10.4

- Don't know ..... ☐ → 10.3



**10.3 If you do not know, could you please provide the approximate range you would be willing to pay?**

- Less than 151 € ..... ☐ 1
- 151 – 350€ ..... ☐ 2
- 351 – 500€ ..... ☐ 3
- 501 – 650€ ..... ☐ 4
- 651 – 800€ ..... ☐ 5
- 801 – 950€ ..... ☐ 6
- 951 – 1200€ ..... ☐ 7
- 1.201 – 1.400€ ..... ☐ 8
- 1.401 – 1.600€ ..... ☐ 9
- 1.601 – 1.800€ ..... ☐ 10
- 1.801 – 2.000€ ..... ☐ 11
- 2.001 – 2.500€ ..... ☐ 12
- More than 2.500€ ..... ☐ 13

**10.4 Do you pay for :**

	YES	NO	AMOUNT	Period covered in months
• Water?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Electricity?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Gas? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Liquid or solid fuels (e.g. petroleum, coke, liquid gas, firewood, etc)? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Heating, hot running water? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Dwelling's insurance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Sewage removal? ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Refuse removal?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Other charges (common use expenses—except for heating, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _
• Regular maintenance or repair .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	€  _____	_ _

**10.5 During 2006 did you pay any amount for substitution of fuel use installation or natural gas installation or solar heating or photovoltaic systems in your dwelling?**

- Yes..... ☐ 1
- No..... ☐ 2 → 11

**10.6 What was the amount?**

Amount..... € |\_\_\_\_\_|

**OWNERS - TENANTS**

**11. To what extend are total housing costs a financial burden on your household?**

**Included are rent, insurance and other housing costs**

*(sewage or refuse removal, regular maintenance, repairs, heating, water, electricity, gas, etc.)*

- A heavy burden..... ☐ 1
- Somewhat a burden..... ☐ 2
- Not burden at all..... ☐ 3

**NON MONETARY ITEMS**

**12. For each item below, please indicate whether or not your household possesses it. It does not matter whether the item is owned, rented or otherwise provided for free use.**

If you do not have an item:

(a) would like to have it but cannot afford it, or

(b) do not have it for other reasons e.g. you don't want or need it

	YES	Cannot afford	Do not want it, for other reasons
- Telephone (either fixed line or mobile).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Color television.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Computer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Washing machine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
- Private car or private truck.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## FINANCIAL SITUATION

**13. Do you or anyone in your household have to repay debts from hire purchase or loans?**

**Included are** loans for car purchasing, chattels, holidays, childbirth etc.

Are **not included** any mortgage or loans connected with your dwelling. **Included are** all credit card transactions. **Included are** loans for another dwelling of the household, secondary, etc.).

- Yes ..... ☐ 1
- No.. ..... ☐ 2 → 15

**14. To what extent is repayment of loans or hire purchases including interest a financial burden on your household?**

- A heavy burden..... ☐ 1
- Somewhat of a burden..... ☐ 2
- Not burden at all..... ☐ 3

**15. If you want, can your household afford the following?**

- |  | YES                        | NO                         |
|--|----------------------------|----------------------------|
| - Paying for a week's annual holiday away from home.....                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Eating meat, chicken or fish every second day (or vegetarian equivalent).... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Paying irregular but necessary expenses.....                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| - Keeping your home adequately warm.....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**16. Has your household been in arrears at any time, in the last 12 months, to pay any of the following?**

- |   | YES                        | NO                         | NOT<br>APPLICABLE          |
|---|----------------------------|----------------------------|----------------------------|
| - Rent for accommodation or mortgage payments.....          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Utility bills, such as for electricity, water or gas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| - Hire purchase installments or other loan payments.....    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

**17. Thinking of your household's total monthly or weekly income, does your household make ends meet?**

- With great difficulty..... ☐ 1
- With difficulty..... ☐ 2
- With some difficulty..... ☐ 3
- Fairly easily..... ☐ 4
- Easily..... ☐ 5
- Very easily..... ☐ 6

**18. According to your opinion, which is the lowest net monthly income your household**

should have in order to make ends meet?

- Total **monthly** amount ..... € |\_\_\_\_\_|

**INCOME FOR CHILDREN AGED LESS  
THAN 16 YEARS OLD**

**19. FOR THE INTERVIEWER: Please check registers, if there are any children under 16 years old in the household.**

- Yes ..... ☐ 1  
- No ..... ☐ 2 → 22

**20. During 2006, did any of the children under 16 have an independent source of income?**  
*Please do not include amounts paid from other household members.*

- Yes ..... ☐ 1  
- No ..... ☐ 2 → 22

**21. If yes, which was the annual total amount?**

Total amount (annual)..... € |\_\_\_\_\_|

**SOCIAL ASSISTANCE**

**22. Did you or anyone in your household receive, during 2006, any social assistance payment, such as the social solidarity allowance?**

*(Included are allowances for poor persons – a lump sum amount for assistance to poor households in mountainous and disadvantageous areas, allowances to children under 16 years old who live in poor households (pre-school and school allowance), allowances to repatriations, refugees, released from prisons, drug-addicts, alcoholics, allowances to long-standing unemployed aged 45-65 and the allowance of social solidarity for pensioners which will be registered for all months received totally. Also included are benefits to households that faced an earthquake, flood etc.*

- Yes..... ☐ 1  
- No ..... ☐ 2 → 24

**23. If yes, which was the annual total amount?**

- **Annual** total amount ..... € |\_\_\_\_\_|

- Please register the allowance: \_\_\_\_\_

# **RENTAL INCOME**

**24. During 2006, did you or anyone in your household receive any income from renting property (e.g. renting a building, house, flat, a room or some land)? Included are rents from renting a car, taxi, truck, boat only if the owner has not renting as main job (e.g. a pensioner renting a taxi).**

- Yes ..... ☐ 1
- No ..... ☐ 2 → 30

**25. If YES, please record the type of asset (e.g. flat, taxi, land, parking, boat, etc.).**

Asset : ..... (sq .m.)

Asset : ..... (sq .m.)

Asset : ..... (sq .m.)

**26. Do you know what was the total income your household received from renting property after deducting costs, such as interest payments, repairs, maintenance and insurance and other charges during 2006?**

*Do not deduct tax corresponding to income.*

- Yes, amount..... €  → 29
- No profit as expenses equaled or exceeded rent received..... ☐ 1 → 27
- Don't know..... ☐ 2 → 28

**27. What was the amount of expenses made during 2005, for repairs, maintenance, insurance, etc. of your property?**

- Amount ..... €  → 29

**28. If you don't know the exact amount, please can you give an approximate range?**

- Less than 1.000 € ..... ☐ 1
- 1.000€ to under 3.000 € ..... ☐ 2
- 3.000€ to under 5.000 € ..... ☐ 3
- 5.000€ to under 10.000 € ..... ☐ 4
- 10.000€ or more..... ☐ 5

**29. Is the pre-mentioned amount subject to tax?**

- Yes ..... ☐ 1
- No ..... ☐ 2

# **FAMILY RELATED ALLOWANCES - BENEFITS**

**30. During 2006, did you or anyone from your household receive any family allowance or benefit?**

- Yes ..... ☐ 1
- No ..... ☐ 2 → 32

**31. Please note the gross or net amount, as well as the number of months you received the allowance.**

*\*The family allowance for public servants, the allowance for pregnancy-puerperal and the allowance for parental leave, if registered in the particular question, will not be included in the income of employees of the Personal Questionnaire.*

ALLOWANCE-BENEFIT		If yes: Please register the monthly amount	Number of months	In the pre-mentioned amount are included: 1:Tax 2:Social insurance contributions 3:Both 4:None 5: Do not know	Tax amount or social insurance contributions or both (additional) If subject to tax or to social insurance contributions
Lifelong pension for mothers having more than 3 children	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Allowance for families having 3 children	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Allowance for families having more than 3 children	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Family allowance for public servants*	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Incapacitated children care benefit	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Pregnancy-puerperal benefit*	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Parental leave allowance*	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Birth grant	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Student's allowance	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____
Other allowances, please specify: _____	NAI <input type="checkbox"/> OXI <input type="checkbox"/>	€  _____	_ _	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	€  _____

**INTRA HOUSEHOLD TRANSFERS TO/FROM OTHER HOUSEHOLDS**

**32. During 2006, did you or anyone in your household make regular payments to members of other private households?**

*(Included are support for a student living away from home, support for a spouse or former spouse, children not living with you, an older relative or some other person. Do not include one-off gifts such as for Christmas or birthdays as well as the amounts, which do not strengthen the income of other households, e.g. repayments for training loans).*

- Yes ..... ☐ 1
- No ..... ☐ 2 → 35

**33. If yes, what was the type of the transfer and which was the total yearly amount?**

- Type of transfer : .....
- Total amount (*annual*)..... € |.....|

**34. Is the pre-mentioned amount subject to tax?**

- Yes ..... ☐ 1
- No ..... ☐ 2

**35. During 2006, did you or anyone in your household receive any regular payments from members of other private households?**

*(Included are payments from parents, children, relatives, others (e.g.alimony). Do not include gifts in cash, such as for Christmas or birthdays as well as the amounts, which do not strengthen your income e.g. repayment of loans received for training).*

- Yes ..... ☐ 1
- No ..... ☐ 2 → 38

**36. If yes, what was the type of the transfer and which was the total yearly amount?**

- Type of transfer : .....
- Total amount (*annual*)..... € |.....|

**37. Is the pre-mentioned amount subject to tax?**

- Yes ..... ☐ 1
- No ..... ☐ 2

**INCOME IN KIND**

**38. During 2006, did you save any income from own/home production such as foods or drinks?**

*The question refers to income saved from consuming food, from own agricultural or livestock production and **not** to income from the specific production/business.*

- Yes..... ☐ 1
- No..... ☐ 2 → 40

**39. If yes, which is approximately the amount you saved?**

- Total amount (**annual**)..... € |\_\_\_\_\_|

**TAX ON WEALTH**

**40. During 2006, did you pay any tax on wealth, concerning your or other members' assets?**

*Included is only the tax paid on large landed property.*

- Yes..... ☐ 1
- No..... ☐ 2 → 42

**41. If YES which is the total annual amount?**

- Total amount (**annual**)..... € |\_\_\_\_\_|

**DURATION AND DATE OF INTERVIEW**

**42. FOR THE INTERVIEWER: Please note the exact time for ending the interview:**

- Time for ending the interview (e.g. 18.55).....|\_|\_|. |\_|\_|

Date of interview :                      Day |\_|\_|    Month |\_|\_|    Year **2007**