

COMMUNITY INFORMATION FOR RULEVILLE, MISS., JUNE, 1964

Volunteers are to check appropriate blank or fill in the requested information.

Name of Quarter \_\_\_\_\_

Housing:

1. Do you own \_\_\_\_\_ or rent \_\_\_\_\_ your home?
2. Do you have a mortgage on your home \_\_\_\_\_?
3. Do you rent from White \_\_\_\_\_ or Negro \_\_\_\_\_?
4. Amount of monthly rent \_\_\_\_\_.
5. No. of rooms not counting bath, closets, or halls \_\_\_\_\_.
6. No. of people living in house \_\_\_\_\_.
7. Do you have an indoor bathroom \_\_\_\_\_?  
    With running water \_\_\_\_\_?  
    With hot water tap \_\_\_\_\_?  
    With flush toilet \_\_\_\_\_?
8. Do you have electric lighting \_\_\_\_\_?
9. Do you have natural gas \_\_\_\_\_? bottled gas \_\_\_\_\_?

Utilities:

1. Does the city provide a sewage system on your street \_\_\_\_\_?
2. Are the streets paved \_\_\_\_\_, gravelled \_\_\_\_\_, dirt \_\_\_\_\_?
3. Are the streets lighted \_\_\_\_\_? How many lights per block (counting both sides and corners) \_\_\_\_\_?
4. Do you have telephone service \_\_\_\_\_?

Family Economy:

1. How many persons residing at this address work  
    40 hours per week or more \_\_\_\_\_?  
    less than 40 hours per week \_\_\_\_\_?
2. About how many weeks does the main provider work in a year \_\_\_\_\_?
3. Daily wage of main provider \_\_\_\_\_.
4. Total weekly wage of all residents at this address \_\_\_\_\_.

5. What type work do you do?

Agricultural \_\_\_\_\_?

Domestic \_\_\_\_\_?

Construction \_\_\_\_\_?

Other (specify) \_\_\_\_\_?

6. Is the main source of income welfare \_\_\_\_\_ or pension \_\_\_\_\_?

7. Specify type of welfare or pension: \_\_\_\_\_

voter registration

1. Have you tried to register in this county \_\_\_\_\_?

2. Sincerely \_\_\_\_\_ Before the current registration drive which began around 1961 \_\_\_\_\_?

3. How many times have you attempted to register \_\_\_\_\_?

4. Did you receive intimidation or threat from your efforts to register \_\_\_\_\_? Specify: \_\_\_\_\_

Civil rights movement

1. Have you received intimidation or threat for participation or attempt to participate in the Movement \_\_\_\_\_? Specify: \_\_\_\_\_

2. How many in your family will be in attendance regularly at Freedom School \_\_\_\_\_? Ages \_\_\_\_\_

at Community Center \_\_\_\_\_? Ages \_\_\_\_\_