



HOUSING AUTHORITY OF THE CITY OF AUSTIN
SIX STAR FAMILY ASSISTANCE PROGRAM APPLICATION

(Please print)

Resident Name: _____

Social Security # _____

Property Name you live in: _____

Your complete mailing address: _____

Current phone #: _____

Current monthly rent: _____

Source of Income _____ Monthly income amount _____

of family members housed: _____ If children please list ages: _____

of years in HACA public housing: _____

F.S.S. member: yes no (please circle)

Signature: _____ Date: _____

Once completed, return to:

Housing Authority of the City of Austin
Six Star Family Assistance Program
1124 South IH 35
Austin, Texas 78704
Attn: Suzanne Schwertner
Fax: (512) 476-4639