



Rock Valley Community Programs, Inc.

203 W. Sunny Lane Road · Janesville, Wisconsin 53546

Phone: (608) 741-4500 · Fax: (608) 741-4502

Qualifying Criteria:

Were you injured after September 11, 2001 while serving the country?

Have you been, or will you be, honorably discharged from the United States Armed Forces?

Rental homes are awarded to veterans, and their families, who have been injured while serving the country after September 11, 2001 and are not currently home owners, on an availability basis.

Submitting an application does not mean you will receive a rental home.

Once you submit your application, and all necessary supporting documents, you do not need to do anything else. If we need any further information we will contact you.

Veterans will need to provide the following to complete their application:

- Completed application
- Form DD214-Certificate of Release/Discharge from Active Duty
- Proof of disability rating with VA/DoD
- Signed Authorization to release information
- Two (2) Letters of recommendation (minimum of 1 from a Case Worker or Veterans' Advocate). Letters must be on letterhead and signed.

Non-Discrimination Policy

Rock Valley Community Programs, Inc. prohibits discrimination in all its programs. It is the policy of Rock Valley Community Programs, Inc. to allow individuals who are eligible to apply without regard for race, color, creed, national origin, age, gender, sexual orientation, gender identity, religion, or political beliefs.

Please turn in completed application packet:

Via Mail/In Person:

RVCP, Inc.
ATTN: Marcia Galvan
203 W. Sunny Lane Road
Janesville, WI 53546

Via email:

mgalvan@rvcp.org

Via Fax:



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608-741-4502 ATTN: Marcia Galvan

Veteran Tenant Application

Applicant Name: _____

Email: _____

Contact Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Current Landlord Contact Information: _____

Do we have permission to contact current landlord: _____

Are you currently homeless, or at risk of becoming homeless: _____

Year of birth: _____

Social Security Number: _____

Members Years in Service: _____

Members Branch of Service: _____

Pay Grade at Discharge: _____

Year of Discharge: _____

Discharge Status: _____

DoD Disability Rating %: _____



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VA Disability Rating %: _____

Conflicts Member Served In: _____

Please describe Member's injuries: _____

Number of Dependents: _____

Referral Source: _____