

Riverside Braemar, Inc.

4679 Braemar Place, Riverside, CA 92501
Business Office (951) 684-0380 FAX (951) 684-0221

APPLICATION FOR MEMBERSHIP

Approved December 6, 2018

Dear Prospective Member,

We wish to thank you for your interest in becoming a member of the Riverside Braemar, Inc. residential community. We ask that you complete the attached application form and return it so we may begin the application processing procedure. If you have any questions about completing your application, feel free to phone the Braemar office or email: **Braemar.mgr@gmail.com**

Riverside Braemar, Inc. is a Cooperative Housing Community operated by its members through a Board of Directors in accordance with State and Federal laws, associated corporate laws, and its Bylaws and Policies. Members elect seven unpaid volunteer members to serve on the Braemar Board. Our community on-site manager, assisted by a full-time maintenance person, works for the cooperative, managing day-to-day operations within our ample, park-like property.

The State of California and the County of Riverside, for tax purposes, consider Braemar members to be homeowners rather than renters. Members "buying into" this cooperative are actually buying a share in the cooperative with the right to occupy a Braemar housing unit subject to compliance with Braemar's requirements and restrictions. Since Braemar is a member-owned and -operated residential community, members tend to take an interest in their neighbors. In addition, the shared ownership model requires that members take an active role in maintaining their units and take an active interest in our shared property.

Riverside Braemar, Inc. does not discriminate in the selection of its members on the basis of race, color, gender, age, familial status, marital status, disability, national origin, ancestry, sexual orientation or source of income.

To initiate the application process, you will submit the attached membership application with an application fee that will be used to perform a credit check. A credit check is performed because the financial stability of all Braemar members is critical to the ongoing success and survival of our residential community.

The Braemar Applications Committee will review the membership application for completeness, determine eligibility, and, if all is in order schedule a personal interview with you and after the interview make a recommendation to the Board. Only the applicant may attend the interview with the Committee, and co-applicants are interviewed separately. This interview is an opportunity for Braemar to get to know you better and also an opportunity for you to bring your questions.

Braemar membership eligibility criteria include the following:

- A willingness to participate in community affairs
- A desire to promote a congenial & friendly living environment
- Interest in and support of cooperative housing as a lifestyle
- The ability to comply with the requirements of the Occupancy Agreement

Applicants will be notified in writing regarding the result of their application. If the application is accepted and approved, your name will be placed on the Braemar Waiting List, the order of which is based upon the date of your application approval by the Board.

When your name moves to the top of the Waiting List, if the type of unit that you requested is available, you will be invited to look at that unit and to decide quickly whether you want the unit. If you decide to move in, you are required to make a \$1,000 non-refundable down payment, which will be applied to the full unit price. Before you pay the full balance of your membership/unit payment and take occupancy, you will need to read and sign several Braemar governing documents, Bylaws, Rules, Policies, etc.

There is no way to predict how soon eligible applicant names will move to the top of the Waiting List. Braemar comprises 90 units. Turnover is normally low, yet unpredictable. We do know that many members stay here a long time.

Braemar certificates are priced based upon the size of unit chosen. Braemar Bylaws state that the amount members pay is the amount Braemar will reimburse when the member leaves. The Bylaws also state that the cost of damage to a unit by a member may be deducted from reimbursement when the member leaves. Certificates cannot be encumbered or borrowed against.

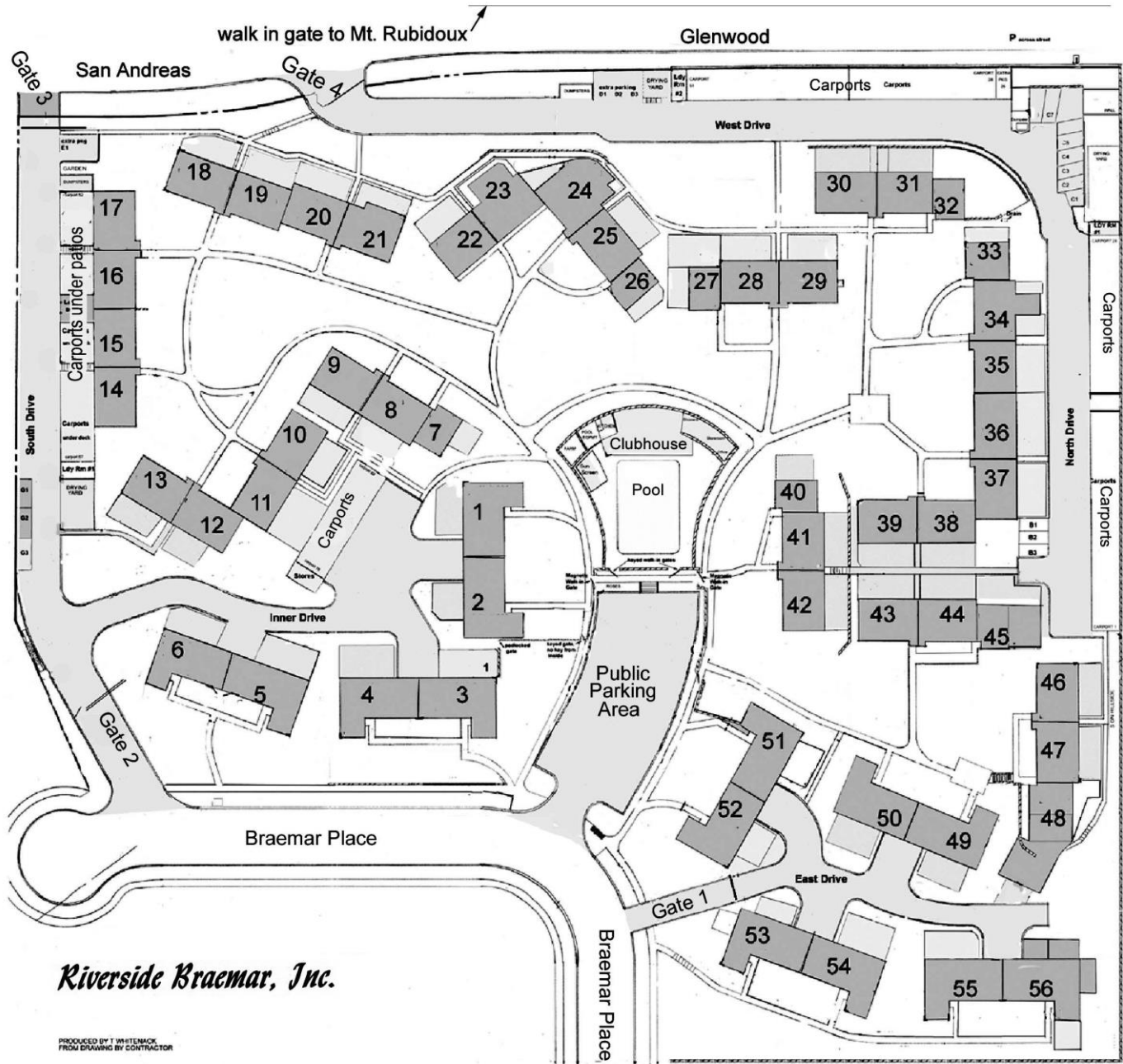
If you are placed on the Waiting List, please be sure to keep us updated with any changes to your address, email, and phone number, or type of unit desired. If a unit becomes available and we cannot contact you, we will contact the next eligible applicant on the Waiting List. Please note that membership applications should be updated and re-submitted every two years.

Braemar offers periodic informational meetings for potential applicants. You must attend a meeting before submitting an application, so contact the Braemar office for the next meeting date and time.

Thank you again for your interest in the Braemar cooperative residential community. We look forward to hearing from you!



MAP WITH UNIT NUMBERS FOR APPLICANTS



Riverside Braemar, Inc.

PRODUCED BY T. WITENMACK FROM DRAWING BY CONTRACTOR

Size of units: (area in sq. ft. is approximate.)
 Duplex 2 BR, 2 Bath, ≈ 1200 sq. ft.- 16 Units
 Downstairs 2 BR, 1 Bath, ≈ 900 sq. ft.- 33 Units
 Upstairs 2 BR, 1 Bath, ≈ 850 sq. ft.-34 Units
 Single 1 BR, 1 Bath, ≈ 600 sq. ft.-7 Units

(1 thru 6, 24, 48 thru 56) (all but one with adjacent carports)
 (1 to 6, 8 to 24, 28 to 31, 34 to 39, 41 to 44, 46 to 47)
 (above all the Downstairs units and unit 24)
 (7, 26, 27, 32, 33, 40, 45, 48)

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OFFICE USE ONLY

<input type="checkbox"/> Check Received _____
<input type="checkbox"/> Credit/Bkgrd Check Complete _____
<input type="checkbox"/> Info Meeting Completed _____
<input type="checkbox"/> Interview Completed _____
<input type="checkbox"/> Board Approval _____

Application - Page 1

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____ SOC SEC NO: _____

EMAIL ADDRESS: _____ PHONE: _____

CURRENT ADDRESS: _____

IF TWO ADULTS PLAN TO LIST EACH OF THEIR NAMES ON A BRAEMAR CERTIFICATE, EACH INDIVIDUAL MUST FILL OUT A SEPARATE APPLICATION AND SUBMIT A SEPARATE APPLICATION FEE.

NOTE: Please submit one copy of California Driver's License per applicant to aid with our credit check.

WORK PHONE: _____ HOME PHONE: _____

NUMBER IN HOUSEHOLD: _____ NUMBER AND TYPE OF PETS: _____
(2 SMALL PETS ALLOWED)

TYPE OF UNIT YOU WANT: Check all choices SINGLE UPPER LOWER DUPLEX

List present (or most recent) employer, and dates of employment:

CONTACT PERSON: _____ CONTACT PHONE: _____

TOTAL MONTHLY OR ANNUAL INCOME \$ _____ per year OR \$ _____ per month

PLEASE PROVIDE THREE REFERENCES. DO NOT INCLUDE MORE THAN ONE FROM A BRAEMAR MEMBER OR MORE THAN ONE FAMILY MEMBER: NAMES, ADDRESSES & PHONE NUMBERS:

TELL US BRIEFLY WHY YOU ARE INTERESTED IN LIVING AT BRAEMAR

TELL US WHAT YOU FEEL YOU CAN CONTRIBUTE TO COMMUNITY AFFAIRS AT BRAEMAR

TELL US HOW YOU BECAME AWARE OF BRAEMAR

LIST INTERESTS AND HOBBIES

OTHER INFORMATION YOU WISH TO SHARE

THE OCCUPANCY AGREEMENT YOU WILL BE ASKED TO SIGN REQUIRES THIS TO BE YOUR PRINCIPAL RESIDENCE AS OF THE DATE YOUR MOVE-IN IS COMPLETE.

WILL BRAEMAR BE YOUR PRINCIPAL RESIDENCE? YES NO

PLEASE SUBMIT THIS APPLICATION WITH A \$25 FEE (per person) FOR CREDIT CHECKS.

NOTE: Your check may not be cashed immediately.

YOUR SIGNATURE AUTHORIZES RIVERSIDE BRAEMAR, INC. TO CONTACT AND OBTAIN INFORMATION FROM REFERENCES AND TO CHECK YOUR CREDIT STATUS. YOU MUST CONTACT BRAEMAR WHENEVER YOU CHANGE YOUR PHONE NUMBER OR OTHER IMPORTANT INFORMATION TO KEEP US CURRENT.

IF WE DO NOT HEAR FROM YOU FOR TWO YEARS FROM YOUR APPLICATION DATE, WE MAY DISCARD YOUR APPLICATION.

SIGNATURE: _____

DATE: _____

Riverside Braemar, Inc.

RIVERSIDE BRAEMAR, INC. NO SMOKING POLICY

Riverside Braemar, Inc. is a smoke-free community. This includes all types of smoking materials and paraphernalia, as well as vaping. We require all applicants to sign and date this page, which will be filed with your application.

I acknowledge that my placement on the Waiting List is conditional on my acceptance of the no smoking policy that has been instituted by Riverside Braemar, Inc. as approved by the Board of Directors. This includes my family members, guests, delivery persons, and anyone doing work at my unit.

Signature / Applicant #1:

_____ Date: _____

Signature / Applicant #2:

_____ Date: _____

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