RIVERSIDE BRAEMAR, INC.

APPLICATION FOR MEMBERSHIP

October 2025

OFFICE USE ONLY

- ☐ Check Received_____
- ☐ Credit/Bkgrd Check Complete_____
- ☐ Info Meeting Completed_____
- ☐ Interview Completed _____
- ☐ Board Approval _____

DATE OF APPLICATION:_____

APPLICANT'S NAME:_____SOC SEC NO:_____

EMAIL ADDRESS: _____ PHONE: _____

CURRENT ADDRESS:_____

_____

IF TWO ADULTS ARE APPLYING TOGETHER EACH PERSON 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 SIGN REQUIRES BRAEMAR TO BE YOUR PERMANENT FULL-TIME RESIDENCE AS OF THE DATE YOU MOVE IN.

WILL BRAEMAR BE YOUR PERMANENT FULL-TIME RESIDENCE? YES NO

PLEASE SUBMIT THIS APPLICATION WITH A $45 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 RUN A CREDIT AND CRIMINAL BACKGROUND CHECK.
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: _____

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