



# Residential Living

by **BIG FISH LLC**

**OFFICE:** 705 N. Broadway Wichita, KS 67214 316-265-4100  
[www.bigfishballbonds.us/residential-living](http://www.bigfishballbonds.us/residential-living)

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## EQUAL SHARED EXPENSE AGREEMENT

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Full Name (First, Middle, Last) \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

Family Contact (Name, Address, Phone) \_\_\_\_\_

\_\_\_\_\_

Reference (Name, Address, Phone) \_\_\_\_\_

\_\_\_\_\_

Employer (Name, Address, Phone, Contact Name) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (Name, Relationship, Phone) \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ No \_\_\_\_\_ Yes (If Yes, Please Explain Below)

\_\_\_\_\_

Are you presently in the legal system? \_\_\_\_\_ No \_\_\_\_\_ Yes (If Yes, Please Explain Below)

\_\_\_\_\_

List Current Parole or Probation Officers and Contact Numbers \_\_\_\_\_

\_\_\_\_\_

Are you addicted to drugs or alcohol? \_\_\_ No \_\_\_ Yes (If Yes, Please Explain) \_\_\_\_\_

Have you ever been in a treatment facility? \_\_\_ No \_\_\_ Yes (If Yes, Please Explain) \_\_\_\_\_

Are you taking any prescription medication? \_\_\_ No \_\_\_ Yes (If Yes, list all medications and reason below)

**ALL MEDICATIONS ARE TO BE KEPT SECURED IN A LOCKED SAFE/BOX. RESIDENTS ARE INDIVIDUALLY RESPONSIBLE FOR THE PROVISION OF HIS/HER OWN SAFE/BOX.**

Have you ever been in a Recovery House, Halfway House or similar facility? \_\_\_ No \_\_\_ Yes

If Yes, explain when/where: \_\_\_\_\_

Do you have a Sponsor? \_\_\_ No \_\_\_ Yes (If Yes, Sponsor's name & #) \_\_\_\_\_

**Please read, initial and sign the agreement on the next page.**

**PLEASE READ AND INITIAL YOUR UNDERSTANDING OF THIS AGREEMENT:**

\_\_\_\_\_ Residential Living by Big Fish LLC is an equal shared expense sober living program.

\_\_\_\_\_ Rent is \$100.00 weekly. Rooms are rented by the week only. Residents - specifically those in arrears can make daily monetary payments in any sum/amount. To make payment, see house manager and ensure receipt is provided. Each week begins on Sunday and ends on Saturday. Rent arrear can/will result in eviction.

\_\_\_\_\_ I realize that Residential Living by Big Fish LLC is a sober living program and requires complete abstinence from drugs and/or alcohol. Any use of drugs and/or alcohol is strictly prohibited and will result in immediate eviction from our residence.

\_\_\_\_\_ Disruptive and/or discourteous behavior within our residence will not be tolerated and can/will result in eviction from the residence.

\_\_\_\_\_ A client's inability to maintain employment and pay his/her rent in a timely manner can/will result in eviction from the residences.

\_\_\_\_\_ I covered all the material in this application, and answered each question honestly. I have a sincere desire to live clean and/or sober and achieve comfortable recovery from alcoholism and/or drug addiction without relapse. Any questions I may have had were answered to my satisfaction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Witness Signature \_\_\_\_\_