

**Maine Navigator Services Eligibility Assessment
(Maine NavSEA)**

Participant Name: _____ **Date:** _____

ESHAP participants must lack the financial resources and support networks to resolve their housing crisis and this should be documented at initial certification and at annual program re-certification. This form is designed to certify that without ESHAP assistance the household would not be able to obtain immediate housing or remain in current housing.

ESHAP Assessment Type:

Initial Certification

Re-certification

ESHAP INITIAL CERTIFICATION

- Does the household have resources to obtain/remain in housing? Y / N
- Does the household have friends or family that can help them obtain/remain in housing? Y / N
- Does the household have friends or family that they can stay with until they are able to obtain housing? Y / N
- Is the household enrolled in any other program or with an organization that can help them obtain/remain in housing? Y / N

- **ANNUAL ESHAP RE-CERTIFICATION ONLY:** Does the household's gross monthly income exceed 30% of the Area Median Income? Y / N

If the answer to any of these questions is "Yes" the household does not meet the criteria and is not eligible for ESHAP navigator services.

Additional Criteria:

Homeless Verification Complete _____

Has client been homeless at least 15 out of the last 90 days? _____

Participant Signature: _____ Date: _____

Intake Staff Signature: _____ Date: _____