

**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

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**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 receiving Navigator Services through another agency? 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: \_\_\_\_\_