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 recertification. 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 currently receiving housing navigation from another agency or enrolled in a program that is effectively helping them obtain/remain in safe stable 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.*

Participant Signature: ______________________________________ Date: __________

Intake Staff Signature: ______________________________________ Date: __________