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INTENT TO CURE

FORECLOSURE NUMBER: _____ Employee initials _____

Please print legibly or type the following information:

Date: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Telephone: _____ Fax: _____

Email address: _____

Notice is hereby given to the Arapahoe County Public Trustee of my Intent to Cure the default on the loan. I request a written statement of the amount necessary to cure. I understand that I must bring in certified funds or a cashier's check by NOON on the day before the scheduled sale date or no later than the expiration date of the cure statement provided, whichever comes first.

_____ Original signature of owner/grantor OR lien holder, required

If you are not the homeowner, please provide a true and correct copy of the instrument which evidences your right to cure.

Filing your intent implies that you have read and understand the following:

An Intent to Cure must be filed **at least 15 days** prior to scheduled foreclosure sale. If you filed timely, we will not take the property to sale until the lender provides a cure statement.

The Office of the Public Trustee will request a cure statement from the attorney for the lender.

If you do not cure by the expiration date of the cure statement, you may request an updated cure statement by submitting a new Intent to Cure form to the Office of the Public Trustee.

Once you cure the default, this will stop the foreclosure.

Simply filing this document does NOT stop the foreclosure process.