**4-228. Defendant’s motion for Homeowner Assistance Fund stay.**

STATE OF NEW MEXICO

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT COURT

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Plaintiff, |  |
| v. | No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant. |  |

**DEFENDANT’S MOTION FOR HOMEOWNER ASSISTANCE FUND STAY1**

I request that the Court enter an order staying the litigation in this case for ninety (90) days so that I may seek financial assistance from the New Mexico Homeowner Assistance Fund (HAF) program. I state upon my oath or affirmation that all of the following statements are true:

The address of the property involved in this foreclosure case is (*street address, city, state, zip code*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hereby provide the Court with the following information about me, the home in foreclosure, and the loan (*check all that apply*):

|  |  |
| --- | --- |
| [ ] | I am a borrower on the loan on the property involved in this case. |
| [ ] | I own and live in the property involved in this foreclosure case and it is my main home. |
| [ ] | The property involved in this foreclosure case is a single family home or has one (1) to four (4) residential units. |
| [ ] | I applied or intend to apply to the HAF program to pay past due mortgage loan payments. |
| [ ] | I experienced financial hardship after January 21, 2020, associated with the COVID-19 pandemic. |
| [ ] | I believe I meet the income eligibility criteria for the HAF program. |
| [ ] | I believe my loan meets the loan eligibility criteria for the HAF program. |
| [ ] | I agree to notify the Court, Plaintiff’s attorney, and any other named parties in this case of the results of my HAF application within seventy-two (72) hours of my receipt of the results. My notification will disclose whether my HAF application was approved or denied. |
| [ ] | I understand that stay of the foreclosure litigation does not prevent a referral to or participation in any court-ordered mediation or settlement facilitation. |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/State/Zip Code |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone |

**CERTIFICATE OF SERVICE**

I certify that I mailed a copy of this pleading to Plaintiff’s counsel on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name |

USE NOTES

1. This form shall expire and be withdrawn on September 30, 2025, or upon notification to the Supreme Court of exhaustion of the New Mexico Homeowner Assistance Fund (HAF) program funds, whichever is earlier.

[Adopted by Supreme Court Order No. 22-8300-010, effective for all cases pending or filed on or after May 23, 2022.]