

**Fill in this information to identify the case:**

Debtor 1 \_\_\_\_\_  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the \_\_\_\_\_ District of \_\_\_\_\_  
(State)  
Case number \_\_\_\_\_

Form 4100S

**Supplemental Proof of Claim for CARES Forbearance Claim**

02/21

This Supplemental Proof of Claim is filed in compliance with the requirements of 11 U.S.C. § 501(f)(1) as the Debtor was granted a forbearance under the CARES Act (15 U.S.C. § 9056 or 9057). "Creditor" in this form means "eligible creditor" under 11 U.S.C. § 501(f). File this form as a supplement to your proof of claim.

Name of creditor: \_\_\_\_\_ Court claim no. (if known): \_\_\_\_\_

Last 4 digits of any number you use to identify the debtor's account: \_\_\_\_\_

Property address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

**Part 1: Amount of Loan That Was Not Received During Forbearance Period**

List of payments not received during forbearance period:

|             |               |             |               |
|-------------|---------------|-------------|---------------|
| Date: _____ | Amount: _____ | Date: _____ | Amount: _____ |
| Date: _____ | Amount: _____ | Date: _____ | Amount: _____ |
| Date: _____ | Amount: _____ | Date: _____ | Amount: _____ |
| Date: _____ | Amount: _____ | Date: _____ | Amount: _____ |
| Date: _____ | Amount: _____ | Date: _____ | Amount: _____ |
| Date: _____ | Amount: _____ | Date: _____ | Amount: _____ |

Total of payments due under the forbearance: \_\_\_\_\_

**Part 2: Information About Agreement to Modify or Defer Loan Obligation**

Have the Debtor and Creditor entered into an agreement to modify or defer the loan obligation in connection with the forbearance?

- Yes. Include the information required by 11 USC § 501(f)(2)(B)(i)-(iii) and attach copies of the writing outlining the modification or deferral:
  - The loan was modified as follows:
  - The amount of forborne payments and the deferral date:

No. Debtor or their counsel should contact the Creditor about any resolutions that may be available to the Debtor.

**Part 3: Sign Here**

The person completing this form must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box::

- I am the creditor.
- I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

**X**

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print

First Name Middle Name Last Name

Title \_\_\_\_\_

Company

\_\_\_\_\_

Address

Number Street

City State ZIP Code

Contact phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email \_\_\_\_\_