

## Mortgage Forbearance Claims under the CARES Act and Consolidated Appropriations Act of 2021

### Director's Form 4100S (Supplemental Proof of Claim for CARES Forbearance Claim)

The "Coronavirus Aid, Relief and Economic Security Act" (CARES Act), signed into law on March 27, 2020, allows mortgagors under federally backed residential and multifamily mortgages to request payment forbearance because of COVID-19 hardships. In the case of federally backed residential mortgages, the forbearance period can last up to 12 months. At the end of the forbearance periods, the mortgagor must pay the deferred mortgage payments in a lump-sum. These deferred mortgage payments caused procedural and administrative complications in Chapter 13 cases.

To remedy the complications presented by the CARES Act, the "Consolidated Appropriations Act of 2021" (CAA) allows qualified servicers to file a proof of claim for the deferred payments, even if the claims bar date has passed. To provide for the easy and efficient filing of such proofs of claim, the Advisory Committee on Bankruptcy Rules has approved a new Director's Form 4100S (Supplemental Proof of Claim for CARES Forbearance Claim). Director's Form 4100S is designed to address temporary amendments to sections 501, 502, and 1329 of the Bankruptcy Code made by the CAA. The CAA amendments sunset on December 27, 2021, one year after the CAA was enacted, and Form 4100S will be retired after that date.

### CM/ECF Event Changes

To assist with implementing this new Director's form, a new CM/ECF event has been created. The event "Supplemental Proof of Claim for CARES Forbearance Claim" will be available in the Claims Action category. The functions of this event are similar to the filing of a Rule 3002.1 claim supplement. The filer will be prompted to relate the Supplemental Proof of Claim for CARES Forbearance Claim to an existing claim from the claims register. The CM/ECF event pathway will be as follows:

Bankruptcy → Claim Actions → Supplemental Proof of Claim for CARES Forbearance Claim → Select Claim

The Bankruptcy Court is also optimizing its Electronic Proof of Claim Filing (ePOC) system to allow for the filing of these supplemental proof of claim at:

<https://ecf.moeb.uscourts.gov/cgi-bin/autoFilingClaims.pl>.

**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** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

Print \_\_\_\_\_ Title \_\_\_\_\_  
First Name Middle Name Last Name

Company \_\_\_\_\_

Address \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

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