

B-3002.1-1
Response to Notice of Final Cure

(a) A Response to a Notice of Final Cure shall be filed on Local Form 3002.1-1 and include a copy of the payoff statement as defined by 12 C.F.R. §1026.36(c)(3) (Eff. 1/10/14). If the Response is not on the proper form or accompanied by the payoff statement, the Response shall be amended within 14 days of notice by the Trustee of the deficiency.

(b) Trustee shall serve a blank copy of local form 3002.1-1 required by this rule along with the Notice of Final Cure.

Fill in this information to identify the case:

(post publication draft)

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number _____

Local Bankruptcy Form 3002.1-1

Response to Notice of Final Cure Payment

10/19

According to Bankruptcy Rule 3002.1(g), the creditor responds to the trustee's notice of final cure payment.

Part 1: Mortgage Information

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 2: Prepetition Default Payments

Check one:

- Creditor agrees that the debtor(s) have paid in full the amount required to cure the prepetition default on the creditor's claim.
- Creditor disagrees that the debtor(s) have paid in full the amount required to cure the prepetition default on the creditor's claim. Creditor asserts that the total prepetition amount remaining unpaid as of the date of this response is: \$ _____

Part 3: Postpetition Mortgage Payment

Check one:

- Creditor states that the debtor(s) are current with all postpetition payments consistent with § 1322(b)(5) of the Bankruptcy Code, including all fees, charges, expenses, escrow, and costs. Creditor provides the following information as required pursuant to NDIN L.R. 3002.1 as of the date of this Response:

Date last payment was received on the mortgage: \$ _____

Date next post-petition payment from the debtor(s) is due: \$ _____

Amount of the next post petition payment due: \$ _____

Unpaid principal balance of the loan: \$ _____

Additional amounts due for any deferred or accrued interest: \$ _____

Balance of the escrow account: \$ _____

Balance of unapplied funds or funds held in a suspense account: \$ _____

Creditor states that the debtor(s) **are not current** on all postpetition payments consistent with § 1322(b)(5) of the Bankruptcy Code, including all fees, charges, expenses, escrow, and costs.

Creditor asserts that the total amount remaining unpaid as of the date of this response is:

- a. Total post-petition ongoing payments due: \$ _____
- b. Total fees, charges, expenses and costs outstanding: \$ _____
- c. Total negative escrow amount: \$ _____
- d. **Total.** Add lines a , b and c. \$ _____

Creditor asserts that the debtor(s) are contractually due for the monthly payment that first became due on:

____/____/____
MM DD YYYY

Part 4: Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

Part 5: Sign Here

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim.

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 response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

X

Signature

Date ____/____/____

Print _____
First Name Middle Name Last Name

Title _____

Company _____

If different from the notice address listed on the proof of claim to which this response applies:

Address _____
Number Street

City State ZIP Code

Contact phone (____) ____-____

Email _____