

# CDC - 504 Deferment and Catch-up Form

SBA Loan Number:	
CDC Number:	

Date:	
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**1) Approval of Deferment\***

Proof of SBA approval has been provided (SBA email is sufficient)     
  N/A - Approval not required per unilateral authority

**2) Deferment Type (select one and complete required information)\***

- Deferment requests due no later than the 20th calendar day of the month or the business day prior, to be effective for the upcoming month.
- Retroactive deferment requests due by the 15th calendar day of the month or the business day prior, to be effective for the upcoming month.

Full - Check box if the borrower will make no payments during the deferment period and input the dates (MM/DD/YYYY)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*(first day of month)* *(last day of month)*

Partial Payment - Check box if borrower will make a partial payment during the deferment period. If this box is selected, only "Amount 1" is required. Include additional payment amounts and respective dates (MM/DD/YYYY) if you would like the amount to change.

Amount 1: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Amount 2: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*(first day of month)* *(last day of month)*

**3) Catch-Up Plan Type ( Select one and complete required information. CSA will calculate plan based on the details provided in this section.)\***

- Calculated Catch-Up Plan will be provided by CSA and must be signed and returned by the 15th calendar day of the month or business day prior, to be effective for the upcoming month.

Standard - Loan will be placed on Catch-Up after Deferment Period

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*(first day of month)* *(last day of month)*

Step-Up - Loan with increasing catch-up payment amounts during the catch-up period - Input at least "Amount 1" and dates (MM/DD/YYYY). The Final Amount will be calculated by the CSA.

Full Catch-Up Period dates:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*(first day of month)* *(last day of month)*

Amount 1: _____	Start Date: _____	End Date: _____
Amount 2: _____	Start Date: _____	End Date: _____
Amount 3: _____	Start Date: _____	End Date: _____
Amount 4: _____	Start Date: _____	End Date: _____
Amount 5: _____	Start Date: _____	End Date: _____
Amount 6: Final Amount will be calculated by CSA	Start Date: Day after final "End Date" indicated	End Date: Last month of Catch-Up Period
	<i>(first day of month)</i>	<i>(last day of month)</i>

**4) Late Fees (if applicable, please complete this section)**

- Select box if CDC would like to waive any current Late Fees outstanding (please specify total fees CDC would like waived): \_\_\_\_\_
- If there are current outstanding Late Fees, include the Late Fees with the catch-up plan calculation - CDC gives CSA permission to post Late Fees at the end of Catch-Up Period.

**5) ACH Information**

- Changes to ACH information must be received by the 15th calendar day of the month or the business day prior, to be effective for the upcoming month.
- ACH form included/submitted

**6) Comments**

\*Denotes Required Section (Section 1, 2, 3)