

Exhibit C

Plaintiff,	:	NO.
	:	
v.	:	
	:	
Defendant	:	

CERTIFICATION OF HOTLINE CONTACT

1. I am the owner or an owner or an heir to a deceased owner of the property known as: Premises Address: _____
2. I live in the property identified above;
3. This property is my principal residential property;
4. A Complaint in Mortgage Foreclosure has been filed against me;
5. I/we understand that the stay of foreclosure proceedings under the Delaware County Pennsylvania Foreclosure Program expires thirty (30) days after I/we have called the Save Your Home Hotline.
6. The undersigned verifies that the statements made herein are true and correct. I understand that false statements are made subject to the penalties of 18 Pa.C.S. 4904 relating to unsworn falsification to authorities.

Date: _____

Signature of Defendant
Phone Number:
Mobile Number:
Fax Number:
Email Address:

Date of Service of Complaint: _____

Date of Hotline Contact: _____

Date of Credit Counseling Appointment: _____

Assigned Counselor Contact Information:

Phone
Fax:
Email: