FIRST JUDICIAL DISTRICT OF PENNSYLVANIA COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY CIVIL TRIAL DIVISION

	:	TERM, 20
Plaintiff	:	NO
V.	:	
Defendant	:	Sheriff Sale Date:

Certification of Participation

(Homeowner must file in Room 278 City Hall and MUST send a copy to Plaintiff's Attorney)

I represent that I am the owner of the property listed below, which is my primary residence,

and certify that as required by the Residential Mortgage Foreclosure Diversion Pilot Program adopted by Joint General Court Regulation 2008-01, I have met with the housing counselor identified below and a proposal will be submitted on my behalf to Plaintiff's attorney at least Ten (10) days before the date of the Conciliation Conference:

Premises Address:

Philadelphia, PA 191____

Name of Housing Counselor – Agency

Date(s) of Meeting(s):

I verify 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

FIRST JUDICIAL DISTRICT OF PENNSYLVANIA COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY CIVIL TRIAL DIVISION

	: TERM, 20
D1 1 100	: NO
Plaintiff v.	: Premises Address:
Defendant	Philadelphia, PA 191 Sheriff Sale Date:

Certification of Participation - SAVE YOUR HOME PHILLY HOTLINE (Must file in Room 278 City Hall and MUST send a copy to Plaintiff's Attorney)

At the request of the Defendant-Homeowner, I am filing the within Certification representing that on

Date

who is the owner of the above residential premises which are occupied by him/her as his/her

principal residence, contacted the SAVE YOUR HOME PHILLY HOTLINE and an appointment has

been scheduled for him/her with a housing counselor as follows:

Name of Housing Counselor – Agency

_____ Date: _____

I verify 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: _____

Name and Signature of Representative of **SAVE YOUR HOME PHILLY HOTLINE**