

**EXHIBIT A FORM OF
PARTICIPANT CONSENT
(This may be signed
electronically)**

1. I hereby consent to the following:

- a. Participation in the Homeowners Property Exemption Program (HOPE), Detroit Tax Relief Fund (“DTRF”), the Water Residential Assistance Program (“WRAP”), Volunteer Income Tax Assistance Program (“VITA”) and the Michigan Energy Assistance Program (“MEAP”, collectively HOPE, DTRF, WRAP, VITA and MEAP, the “Programs”) which includes providing certain personal information, including, but not limited to, my name, age, race, address, length of residency, tax payment history, employment and income history, all of which are herein referred to as Personal Information.
- b. Sharing of my Personal Information with representatives of the City of Detroit (the “City”), Wayne Metro Community Action Agency, a Michigan nonprofit corporation (“Metro”) and the Programs’ staff and volunteers.

2. I acknowledge, agree to, and understand the following:

- a. My Personal Information will be used by the City, Metro, and certain nonprofit companies to help me apply for assistance through my participation in the Programs.
- b. My Personal Information will also be used by the City, Metro and certain nonprofit companies for the purpose of research, investigation, and improvement of the Programs.
- c. My Personal information will not be used for any purpose other than as expressed in 2a and 2b above.
- d. My participation in the Programs, including the sharing and release of my Personal information, is voluntary and no one has forced me to Participate or sign this Consent.
- e. All of the Personal Information that I provide the City and Metro is true and correct to the best of my knowledge.
- f. I agree to receive SMS text messages from the City, Metro and certain nonprofit companies working with the Programs, and the City, Metro and such nonprofits hereby have my permission to send SMS text messages to me related to the Program and my participation in the Program.
- g. THE CITY OF DETROIT SHALL BE LIABLE FOR ANY CLAIMS THAT MAY ARISE FOR ANY INJURY DUE TO MY PARTICIPATION IN THE PROGRAM. BY SIGNING THIS CONSENT, I HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE CITY OF DETROIT FOR ANY INJURY WHATSOEVER. I HEREBY CONSENT TO ASSUME ALL RISKS AND AGREE TO BE SOLELY RESPONSIBLE FOR ANY INJURY ARISING FROM MY PARTICIPATION IN THE PROGRAMS OR USE OF MY PERSONAL INFORMATION.

By: _____

(Print Name) _____

Date _____