

**U.S. DEPARTMENT OF  
HOUSING AND URBAN DEVELOPMENT**

**INITIAL PRIVACY ASSESSMENT  
(IPA)**

**Public Housing Resident  
Opportunities and Self-Sufficiency  
Program**

**Office of Public Housing Investments**

Instruction & Template

**November 23, 2011**

## **INTRODUCTION**

### **What is an Initial Privacy Assessment?**

An Initial Privacy Assessment (IPA) is designed to assess whether a Privacy Impact Assessment (PIA), a Privacy Act system of records notice (SORN), and/or other related privacy documents are required. The responses to the IPA will provide a foundation for determining if either a PIA or SORN or both will be required, and will also help to identify any policy concerns.

The IPA incorporates the matters previously addressed in the Department's Privacy Identifiable Information (PII) Survey, and thus replaces the survey.

### **When should an IPA be completed?**

An IPA should be completed for all information collection activities, whether the system is electronic or contains only records in paper form, and should be completed before commencement of any testing or pilot project of an information system or prior to implementing new information collections requests. Additionally, an IPA should be completed any time there is a change to the information system or collection to determine whether there are any privacy issues as a result of such a change.

### **Who should complete the IPA?**

The IPA should be written and reviewed by a combination of the component's (e.g., Privacy Act Officer, System Owner, Project Leaders), and the program-specific office responsible for the system, project or information collections.

### **How is the IPA related to the Capital Planning, Certification and Accreditation, and the Paperwork Reduction Act process?**

Upon completion and approval of the IPA by the Privacy Officer the official document may be uploaded into the C&A tool, and provided as part of the IT Capital Planning, and Paperwork Reduction Act package as validation of the completed evaluation. The completed IPA demonstrates that the program components have consciously considered privacy and related requirements as part of the overall information activities. For an IT system that does not require a C&A, such as a minor application that runs on a system that does require a C&A, an IPA still should be completed to determine if other related privacy documentation are required for that system or project.

### **Where should the completed IPA be sent?**

A copy of the completed IPA should be sent to the Office of Privacy Project Leads for review. The Privacy Officer will review the IPA and determine what additional privacy documentation is required, and then will advise the Program component accordingly.

# Initial Privacy Assessment

## SECTION I: INFORMATION ABOUT THE SYSTEM OR PROJECT

Date Submitted for Review:

Project Name/Acronym: Resident Opportunities and Self-Sufficiency Service Coordinator program (ROSS-SC) and the Public Housing Family Self-Sufficiency Program (PH FSS)

System Owner/Contact information: Dina Lehmann-Kim; [Dina.Lehmann-Kim@hud.gov](mailto:Dina.Lehmann-Kim@hud.gov), 202-402-2430

**Project Leader/Contact Information:** [Ron Ashford; Ronald.T.Ashford@hud.gov](mailto:Ron.Ashford@hud.gov).

Which of the following describes the type of records in the system:

- Paper-Only
- Combination of Paper and Electronic
- System/Project
- Other:** Please describe the type of project is the system or program, including paper based Privacy Act System of Records, Rules, or Technologies’.

**Note:** For this form purpose, there is no distinction made between technologies/systems managed by contractors. All technologies/systems should be initially reviewed for potential privacy impact.

**Question 1: Provide a general description of the system or Project.** The following questions are intended to define the scope of the information in the system, information collection, or project, specifically the nature of the information and the sources from which it is obtained.

- a. From whom is the information collected (i.e., government employees, contractors, or consultants, state, local government entities, or general public)?

**Public housing authorities (PHAs), tribes/Tribally Designated Housing Entities (TDHEs), qualified nonprofits, and Resident Associations.**

- b. What is the functionality of the system, information collection, or project and the purpose that the records and/or system serve?

**To assess qualifications of grant applicants.**

- c. How is information transmitted to and from the system, information collection, or project?

**Applicants are provided the forms via grants.gov, applicants submit the forms via grants.gov, HUD assesses the information contained in the forms.**

- d. What are the interconnections with other systems or projects?

N/A

**QUESTION 2:** Has the IPA been reviewed and approved by the Chief Privacy Officer

**No.**

**(If no, please contact component privacy official for official approval)**

**QUESTION 3:** What is the Status of system, information collection, or project

- a. If this is a new system, information collection, or project, specify expected production date.

<<ADD ANSWER HERE>>

b. If an existing system, information collection, or project, specify date of production.

**The information collection is currently approved, OPHI is seeking a revision to renew the entire collection (the collection expires on 4/30/15) and to add several clarifying questions regarding applicants who are resident associations. In addition, one form for the public housing FSS program ((HUD-52761) is being removed since the PH FSS and the HCV FSS programs have been merged into one program and have their own collection. replace one form (HUD-52767) with another (HUD-52761).**

**QUESTION 4:** Does this system, information collection, or project collect personal identifiers/sensitive information

YES    NO    **Does the system, information collection, or project collect personal/sensitive information?** (e.g. name, address, personal email address, gender/sex, race/ethnicity, income/financial data, employment history, medical history, Social Security Number, Tax Identification Number, Employee Identification Number, FHA Case Number). Includes PII that may be part of a registration process?

  

**If yes, specific data sets collected or provided, and the legal authorities, arrangement, and/or agreement authorize the collection of information (i.e. must include authorities that cover all information collection activities, including Social Security Numbers)?**

N/A

**QUESTION 5:** Does the information about individuals identify particular individuals (i.e., is the information linked or linkable to specific individuals, often referred to as personally identifiable information?)

N/A

**QUESTION 6: What type of Notice(s) are provided to the individual on the scope of information collected, the opportunity to consent to uses of said information, the opportunity to decline to provide information.** (A notice may include a posted privacy policy, a Privacy Act notice on form(s), and/or a system of records notice published in the Federal Register.)

**N/A – the information collection does not apply to individuals. The information collection applies to organizations who are seeking grant funding from HUD.**

- a. Was any form of notice provided to the individual prior to collection of information? If yes, please provide a copy of the notice as an appendix. (A notice may include a posted privacy policy, a Privacy Act notice on form(s), and/or a system of records notice published in the Federal Register.) If notice was not published, why not?

**N/A.**

- b. Do individuals have an opportunity and/or right to decline to provide information?

**N/A.**

- c. Do individuals have an opportunity to consent to particular uses of the information, and if so, what is the procedure by which an individual would provide such consent?

**N/A.**

**QUESTION 7: Is there a Certification & Accreditation record for your system? (This question does not apply to Information Collection Requests)**

**N/A.**

Specify below the systems categorization. If not available identify the FISMA-

reported system whose Certification and Accreditation covers this system.

N/A.

Confidentiality	<input type="checkbox"/>	<b>Low</b>	<input type="checkbox"/>	<b>Moderate</b>	<input type="checkbox"/>	<b>High</b>	<input type="checkbox"/>	<b>Undefined</b>
Integrity	<input type="checkbox"/>	<b>Low</b>	<input type="checkbox"/>	<b>Moderate</b>	<input type="checkbox"/>	<b>High</b>	<input type="checkbox"/>	<b>Undefined</b>
Availability	<input type="checkbox"/>	<b>Low</b>	<input type="checkbox"/>	<b>Moderate</b>	<input type="checkbox"/>	<b>High</b>	<input type="checkbox"/>	<b>Undefined</b>

## **SECTION II - Existing System or Project**

**(Only complete Section II if this is an existing system, information collection, or project).**

**QUESTION 1: When was the system, information collection, or project developed?**

**The information collection was first developed in the late 1990s.**

**QUESTION 2: If an existing system, information collection, or project, has the system or project undergone any changes since April 17, 2003?**

**Yes, the information collection has undergone some changes since 2003.**

**QUESTION 3: Do the changes to the system, information collection, or project involve a change in the type of records maintained, the individuals on whom records are maintained, or the use or dissemination of information from the system?**

**Yes, we now require fewer forms.**

**QUESTION 4: Please indicate if any of the following changes to the system or project have occurred: (Mark all boxes that apply.)**

- A conversion from paper-based records to an electronic system.
- A change from information in a format that is anonymous or non-identifiable to a format that is identifiable to particular individuals. **N/A**
- A new use of an IT system, including application of a new technology that changes how information in identifiable form is managed. (For example, a change that would create a more open environment and /or avenue for exposure of data that previously did not exist.) **N/A**
- A change that results in information in identifiable form being merged, centralized, or matched with other databases. **N/A**
- A new method of authenticating the use of an access to information in the identifiable form by members of the public. **N/A**
- A systematic incorporation of databases of information in identifiable form purchased or obtained from commercial or public sources. **N/A**
- A new interagency use of shared agency function that results in new uses or exchanges of information in identifiable form. **N/A**
- A change that results in a new use of disclosure of information in identifiable form. **N/A**
- A change that results in new items of information in identifiable form being added into the system. **N/A**

**QUESTION 5: Does a PIA for the system or project already exist? If yes, please provide a copy of the notice as an appendix.**

**No.**





## PRIVACY OFFICE DETERMINATION

(To be completed by the Privacy Office)

<input type="checkbox"/>	<b>This is <u>NOT</u> a privacy sensitive system, information collection or project – the system, information collection, or project contains no personal identifiers/sensitive information</b>
<input type="checkbox"/>	<b>This <u>IS</u> a Privacy Sensitive Project</b>
<input type="checkbox"/>	<b>IPA sufficient at this time</b>
<input type="checkbox"/>	<b>A PIA is required</b>
<input type="checkbox"/>	<b>The existing PIA requires an update/deletion</b>
<input type="checkbox"/>	<b>A SORN is required</b>
<input type="checkbox"/>	<b>The existing SORN requires an update or should be deleted</b>
<input type="checkbox"/>	<b>Other</b>
<b>COMMENTS:</b>	

## DOCUMENT ENDORSMENT

DATE REVIEWED:
REVIEWERS NAME:

By Signing below you attest that the content captured in this document is accurate and complete and meet the requirements of applicable federal regulations and HUD internal policies.

<b>SYSTEM OR PROJECT OWNER</b>	<b>Date</b>
<< INSERT NAME/TITLE >>	
<<INSERT PROGRAM OFFICE>>	

<b>PROGRAM AREA MANAGER</b>	<b>Date</b>
<<INSERT NAME/TITLE>>	
<<INSERT PROGRAM OFFICE>>	

<b>CHIEF PRIVACY OFFICER,</b>	<b>Date</b>
<<INSERT NAME>>	
Office of the Chief Information Officer	
U. S. Department of Housing and Urban Development	