U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Initial Privacy Assessment

Public Housing Operating Subsidy - Appeals Financial Management Division

February 18, 2016

INITIAL PRIVACY ASSESSMENT (IPA)

The Initial Privacy Assessment (IPA) is use to determine whether a Privacy Impact Assessment (PIA) is required under the E-Government Act of 2002. The IPA is also used to determine if a System of Records Notice (SORN) is required under the Privacy Act of 1974.

The IPA is an administrative form created by the Privacy Branch to efficiently and effectively identify the use of Personally Identifiable Information (PII) across the Department. The IPA focuses on three areas of inquiry:

- Business data and business processes within each HUD program.
- Potential connections with individuals including the use of PII – any use of social security numbers must be specifically identified.

HUD's program and support offices should ensure that its respective IPA is completed and sent to the Privacy Branch for approval. If SSNs are to be used, the IPA specifically identifies the justification and authority for using SSNs. Upon receipt of the IPA, the Privacy Branch determines the applicability of other privacy compliance requirements including the PIA and SORN. The IPA is complete when the Privacy Branch signs it and sends the final copy back to the identified point of contact.

Please complete this form and send it to the HUD Privacy Branch staff.

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Janice Noble
Acting, Branch Chief
Privacy Branch
U.S. Department of Housing and Urban Development

Privacy@hud.gov

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If a PIA or SORN is required, a copy of the Privacy Impact Assessment and System of Records Notice form is available on the HUD Privacy Branch website, http://hudatwork.hud.gov/HUD/cio/po/i/privacy, on HUD@Work or directly from the HUD Privacy Branch via email: privacy@hud.gov to complete and return.

INITIAL PRIVACY ASSESSMENT (IPA) SUMMARY INFORMATION

Date Submitted for Review: February 17, 2016

Name of System or Project: Public Housing Operating Subsidy –Appeals

System Name in CSAM: <Please enter the name.>

Name of Program Office: Office of Public Housing and Voucher Programs

Name of Project Manager or System Owner: Kevin Gallagher

Email for Project Manager or System Owner: Kevin.J.Gallagher@hud.gov

Phone Number for Project Manager or System Owner: 202-402-4192

Type of Project:

☐ Information Technology and/or System

☐ A Notice of Proposed Rule Making or a Final Rule:

☒ Form or other Information Collection:

☐ Other: <Please describe the type of project including paper based Privacy Act system of records.>

SPECIFIC QUESTIONS

1. **Describe the project and its purpose:**

Under the Operating Fund Program rule, PHAs may elect to file an appeal of their subsidy amounts. When they do so, they must meet the appeal requirements set forth in subpart G of the rule. The four grounds on which PHAs can now appeal pursuant to 24 CFR § 990.245: (a) streamlined appeal; (c) appeal for specific local conditions; (d) appeal for changing market conditions; and (e) appeal to substitute actual project cost data. (See Response to #15 below regarding appeals which were previously permitted under 990.245(b) for formula income for economic hardship.) Appeals under 990.245 (a) and (c) must be submitted once annually. Accordingly, any changes to subsidy based on these grounds of appeal are only effective for one year. Appeals under (a) and (c) must be submitted for new projects in a PHA's inventory within one year of the applicable date of full availability. Finally, appeals under (c) and (e) are subject to HUD's review of an independent cost assessment of PHA properties, which results are binding on the PHA regardless of the new funding level. The rule does not establish frequency, timing or special supporting documentation requirements for appeals under (d).

A PHA that elects to file an appeal must submit the following to HUD for review:
- Cover letter from the Executive Director requesting the appeal and stating grounds under which the appeal is filed;
- Supporting documentation for each ground; and
- Any required assessment, per the provisions of the operating fund final rule.

2. **Status of Project:**

☐ This is a new development effort.

☒ This is an existing project.

Date first developed: September 19, 2005

Date last updated:

<Please provide a general description of the update.>

3. **From whom do you collect, process, or retain information on: (Please check all that apply)**

☐ HUD Employees

☒ Contractors working on behalf of HUD

☐ The Public

☐ The System does not contain any such information.

4. **Do you use or collect Social Security Numbers (SSNs)? (This includes truncated**

SSNs)

☒ No.

☐ Yes. Why does the program collect SSNs? Provide the function of the

SSN and the legal authority to do so:

<Please explain the purpose of the collection, the function and the legal authority to collect, maintain or transmit the SSN.>

5. **What information about individuals could be collected, generated or retained?**

<Please provide a specific description of information that might be collected, generated or retained such as names, addresses, emails, etc.>

6. **If this project is a technology/system, does it relate solely to infrastructure? [For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)]?**

    ☒ No. Please continue to the next question.

    ☐ Yes. Is there a log kept of communication traffic?

        ☐No. Please continue to the next question.

        ☐ Yes. What type of data is recorded in the log? (Please choose all that apply.)

            ☐ Header

            ☐ Payload Please describe the data that is logged.

    <Please list the data elements in the log.>

7. **Does the system connect, receive, or share Personally Identifiable Information with any other HUD systems?**
    ☒ No.
    ☐ Yes. Please list the systems:

    Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, LOI, etc.)?

8. **Does the system meet all of the following requirements?**

    There will be a group of records under the control of an agency that contains a personal identifier (such as a name, date of birth, SSN, Employee Number, fingerprint, etc.) of U.S. citizens and lawful permanent residents;

    Contains at least one other item of personal data (such as home address, performance rating, blood type, etc.); and

    The data about the subject individual IS retrieved by the name or unique identifier assigned to the individual.
        ☐ No.
        ☐ Yes.
    If yes is there an existing System of Record Notice?
        ☐ No.
        ☐ Yes.

9. Is there an Authorization to Operate record within OCIO's FISMA tracking system CSAM?

☐ Unknown

☒ No

☐ Yes. Please indicate the determinations for each of the following:

Confidentiality: ☐ Low ☐ Moderate ☐ High

Integrity: ☐ Low ☐ Moderate ☐ High

Availability: ☐ Low ☐ Moderate ☐ High

PRIVACY DETERMINATION
(TO BE COMPLETED BY THE HUD PRIVACY BRANCH)

Date reviewed by the HUD Privacy Branch: <Insert Date.>

Name of the HUD Privacy Branch Reviewer: <Please enter name of reviewer.>

DESIGNATION

☐ **This is NOT a Privacy Sensitive System** – the system contains no Personally Identifiable   Information.

☐ **This IS a Privacy Sensitive System**
Category of System

      ☐ IT System

      ☐ Legacy System

      ☐ HR System

      ☐ Rule

      ☐ Other: _____

Determination

      ☐ IPA sufficient at this time

      ☐ Privacy compliance documentation determination in progress

      ☐ PIA is not required at this time

      ☐ PIA is required

            ☐ System covered by existing PIA:

                  ☐ New PIA is required

                  ☐ PIA update is required

      ☐ SORN not required at this time

      ☐ SORN is required

            ☐ System covered by existing SORN:

                  ☐ New SORN is required

HUD PRIVACY BRANCH COMMENTS:

DOCUMENT ENDORSMENT

| DATE REVIEWED: |
| PRIVACY REVIEWING OFFICIALS 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.

_____   _____
                                                          Date

SYSTEM OWNER

Kevin Gallagher/ **Director, Public Housing Financial Management Division, PEH**

Financial Management Division

_____   _____
                                                          Date

PROGRAM AREA MANAGER

 Milan M. Ozdinec, Deputy Assistant Secretary

Office of Public Housing and Voucher Programs

_____   _____
                                                          Date

CHIEF PRIVACY OFFICER

<<INSERT NAME/TITLE>>
OFFICE OF THE EXECUTIVE SECRETARIAT