

**U.S. DEPARTMENT OF**

**HOUSING AND URBAN DEVELOPMENT**

**Initial Privacy Assessment**

**2577-0241**

**Exigent Health and Safety Deficiency Correction Certification**

**Office of Public and Indian Housing**

**November 29, 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.

Janice Noble

Acting, Branch Chief

Privacy Branch

U.S. Department of Housing and Urban Development

Privacy@hud.gov

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,](http://www.hud.gov/privacy%2C) 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:

Name of System or Project: 2577-0241 – Exigent Health and Safety Deficiency Correction Certification

System Name in CSAM: N/A

Name of Program Office: Public and Indian Housing

Name of Project Manager or System Owner: Samuel Tuffour

Email for Project Manager or System Owner: Samuel Tuffour@hud.gov

Phone Number for Project Manager or System Owner: 202.475.8604

Type of Project:

[ ]  Information Technology and/or System

[ ]  A Notice of Proposed Rule Making or a Final Rule:

[x]  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:**

HUD conducts physical inspections of the HUD-funded housing to determine if the Department’s Uniform Physical Condition Standards (UPCS) standard of decent, safe, sanitary housing in good repair established at 24 CFR part 5, subpart G, is met. The UPCS regulation also provides that all area and components of the housing must be free of health and safety hazards. Pursuant to the UPCS inspection protocol, at the end of the inspection (or at the end of each day of a multi-day inspection) the inspector provides the property representative with a copy of the “Notification of Exigent and Fire Safety Hazards Observed” form. Each exigent health and safety (EHS) deficiency that the inspector observed that day is listed on the form. The property representative signs the form acknowledging receipt. PHAs are to correct/remedy/act abate all EHS deficiencies within 24 hours. Under this information collection public housing agencies (PHAs) using the electronic format, PHAs are to notify HUD within three business days of the date the PHA received notice of the EHS deficiencies, that they have been corrected/remedied/acted on to abate within the prescribed time frames of the applicable HUD regulation. (24 CFR part 902).

**2. Status of Project:**

[ ]  This is a new development effort.

[x]  This is an existing project.

Date first developed: September 2004

Date last updated: September 2012

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

None of the below are applicable. The information is collected from public housing agencies.

[ ]  HUD Employees

[ ]  Contractors working on behalf of HUD

[ ]  Tenants and or prospective tenants of Public Housing

[ ]  The System does not contain any such information.

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

[x]  No.

[ ]  Yes. Why does the program collect SSNs? Provide the function of the SSN and the legal authority to do so:

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

None is collected

**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)]?**

[x]  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.>

1. **Does the system connect, receive, or share Personally Identifiable Information with any other HUD systems?**

 [x]  No.

 [ ]  Yes. Please list the systems:

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

1. **Does the system meet all of the following requirements?** None are applicable

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.

1. **Is there an Authorization to Operate record within OCIO’s FISMA tracking system CSAM?**

[ ]  Unknown

[x]  No This is not applicable to the collection.

[ ]  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 ENDORSEMENT

|  |
| --- |
| 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.

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| SYSTEM OWNERSamuel Tuffour,  |  | **Date** |
| **PIH Real Estate Assessment Center** |  |  |
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| PROGRAM AREA MANAGERDelton Nichols, Deputy Director |  | **Date** |
| PIH Real Estate Assessment Center |  |  |
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| CHIEF PRIVACY OFFICER<<INSERT NAME/TITLE>> |  | **Date** |
| **OFFICE OF THE EXECUTIVE SECRETARIAT** |  |  |
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