

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

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**[Use Restriction Agreement Monitoring  
and Compliance]**

**[Office of Asset Management  
and Portfolio Oversight]**

**Instruction & Template**

**[11/7/2017]**

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**SUMMARY INFORMATION**

|                                    |  |   |                             |
|------------------------------------|--|---|-----------------------------|
| <b>Project or Program Name:</b>    | <b>Use Restriction Agreement Monitoring and Compliance</b> |   |                             |
| <b>Program:</b>                    | <b>Office of Housing</b>                                   |   |                             |
| <b>CSAM Name (if applicable):</b>  | Click here to enter text.                                  | <b>CSAM Number (if applicable):</b>         | Click here to enter text.   |
| <b>Type of Project or Program:</b> | <b>Form or other Information Collection</b>                | <b>Project or program status:</b>           | <b>Existing</b>             |
| <b>Date first developed:</b>       | <b>September 29, 2008</b>                                  | <b>Pilot launch date:</b>                   | Click here to enter a date. |
| <b>Date of last PTA update:</b>    | <b>June 4, 2014</b>  | <b>Pilot end date:</b>                      | Click here to enter a date. |
| <b>ATO Status (if applicable)</b>  | Choose an item.  | <b>ATO expiration date (if applicable):</b> | Click here to enter a date. |

**PROJECT OR PROGRAM MANAGER**

|                |                      |               |                              |
|----------------|----------------------|---------------|------------------------------|
| <b>Name:</b>   | <b>Harry Messner</b> |               |                              |
| <b>Office:</b> | <b>OAMPO</b>         | <b>Title:</b> | <b>Program Analyst</b>       |
| <b>Phone:</b>  | <b>202-402-2626</b>  | <b>Email:</b> | <b>harry.messner@hud.gov</b> |

**INFORMATION SYSTEM SECURITY OFFICER (ISSO) (IF APPLICABLE)**

|               |                           |               |                           |
|---------------|---------------------------|---------------|---------------------------|
| <b>Name:</b>  | Click here to enter text. |               |                           |
| <b>Phone:</b> | Click here to enter text. | <b>Email:</b> | Click here to enter text. |

|  |   |
|--|---|
| <b>4. What specific information about individuals is collected, generated or retained?</b>   |   |
| <i>Please provide a specific description of information collected, generated, or retained (such as full names, maiden name, mother's maiden name, alias, social security number, passport number, driver's license number, taxpayer identification number, patient identification number, financial account, credit card number, street, internet protocol, media access control, telephone number, mobile number, business number, photograph image, x-rays, fingerprints, biometric image, template data (e.g. retain scan, well-defined group of people), vehicle registration number, title number and information about an individual that is linked or linkable to one of the above (e.g. date of date, place of birth, race, religion, weight, activities, geographical indicators, employment information, medical information, education information, financial information) and etc.</i> |   |
| <b>4(a) Does the project, program, or system retrieve information from the system about a U.S. Citizen or lawfully admitted permanent resident aliens by a personal identifier?</b>  | <input checked="" type="checkbox"/> No. Please continue to next question.<br><input type="checkbox"/> Yes. If yes, please list all personal identifiers used:   |
| <b>4(b) Does the project, program, or system have an existing System of Records Notice (SORN) that has already been published in the Federal Register that covers the information collected?</b>   | <input checked="" type="checkbox"/> No. Please continue to next question.<br><input type="checkbox"/> Yes. If yes, provide the system name and number, and the Federal Register citation(s) for the most recent complete notice and any subsequent notices reflecting amendment to the system |
| <b>4(c) Has the project, program, or system undergone any significant changes since the SORN?</b>  | <input type="checkbox"/> No. Please continue to next question.<br><input type="checkbox"/> Yes. If yes, please describe.  |
| <b>4(d) Does the project, program, or system use Social Security Numbers (SSN)?</b>  | <input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes.  |
| <b>4(e) If yes, please provide the specific legal authority and purpose for the collection of SSNs:</b>  | Click here to enter text.   |
| <b>4(f) If yes, please describe the uses of the SSNs within the project, program, or system:</b>   | Click here to enter text.   |
| <b>4(g) If this project, program, or system is an information technology/system, does it relate solely to infrastructure?</b><br><br><i>For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?</i>  | <input type="checkbox"/> No. Please continue to next question.<br><input type="checkbox"/> Yes. If a log kept of communication traffic, please answer this question.  |

|  |  |
|--|--|
|  | <input type="checkbox"/> Yes. Please indicate the determinations for each of the following:<br><br>Confidentiality:<br><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High<br><br>Integrity:<br><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High<br><br>Availability:<br><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High |
|--|--|

**PRIVACY THRESHOLD ANALYSIS REVIEW**

**(TO BE COMPLETED BY PROGRAM PLO)**

|   |                             |
|---|-----------------------------|
| <b>Program Privacy Liaison Reviewer:</b>  | Click here to enter text.   |
| <b>Date submitted to Program Privacy Office:</b>  | Click here to enter a date. |
| <b>Date submitted to HUD Privacy Branch:</b>  | Click here to enter a date. |
| <b>Program Privacy Liaison Officer Recommendation:</b><br><i>Please include recommendation below, including what new privacy compliance documentation is needed.</i><br>Click here to enter text. |                             |

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

|   |  |
|---|--|
| <b>HUD Privacy Branch Reviewer:</b>         | Cindy Etheridge  |
| <b>Date approved by HUD Privacy Branch:</b> | February 23, 2018  |
| <b>PTA Expiration Date:</b>                 | PTA will suffice at this time, however if changes are made, this PTA will need an updated. |

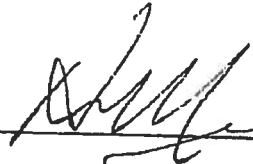
**DESIGNATION**

|                                  |  |
|----------------------------------|--|
| <b>Privacy Sensitive System:</b> | Choose an item. If "no" PTA adjudication is complete.  |
| <b>Category of System:</b>       | Choose an item.<br>If "other" is selected, please describe: Click here to enter text.  |
| <b>Determination:</b>            | <input checked="" type="checkbox"/> PTA sufficient at this time.<br><input type="checkbox"/> Privacy compliance documentation determination in progress. |

**DOCUMENT ENDORSEMENT**

|                                   |
|-----------------------------------|
| DATE REVIEWED:                    |
| PRIVACY REVIEWING OFFICIALS NAME: |

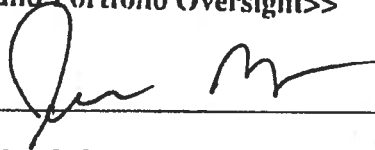
By signing below, you attest that the content captured in this document is accurate and complete and meet the requirements of applicable federal regulations and HUD internal policies.

  
\_\_\_\_\_  
**SYSTEM OWNER**

\_\_\_\_\_  
**Date**

<< Harry Messner - Program Analyst >>  
<< Office of Housing - Office of Asset Management  
and Portfolio Oversight >>

**11-7-17**

  
\_\_\_\_\_  
**John G. Bravacos**

2/22/18  
**Date**

**ACTING CHIEF PRIVACY OFFICER**

**Privacy Branch**

**OFFICE OF ADMINISTRATION**