

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

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**Congregate Housing Services Grant  
Program  
2502-0485**

**GRANT POLICY AND  
MANAGEMENT DIVISION**

**[November 29, 2017]**

## PRIVACY THRESHOLD ANALYSIS (PTA)

The PTA is a compliance form developed by the Privacy Branch to identify the use of Personally Identifiable Information (PII) across the Department. The PTA is the first step in the PII verification process, which focuses on these areas of inquiry:

- Purpose for the information,
- Type of information,
- Sensitivity of the information,
- Use of the information,
- And the risk to the information.

Please use the attached form to determine whether a Privacy and Civil Liberties Impact Assessment (PCLIA) is required under the E-Government Act of 2002 or a System of Record Notice (SORN) is required under the Privacy Act of 1974, as amended.

Please complete this form and send it to your program Privacy Liaison Officer (PLO). If you have no program Privacy Liaison Officer, please send the PTA to the HUD Privacy Branch:

John Bravacos, Acting, Chief Privacy Officer  
Privacy Branch  
U.S. Department of Housing and Urban Development

[privacy@hud.gov](mailto:privacy@hud.gov)

Upon receipt from your program PLO, the HUD Privacy Branch will review this form. If a PCLIA or SORN is required, the HUD Privacy Branch will send you a copy of the PCLIA and SORN templates to complete and return.

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**SUMMARY INFORMATION**

|                                    |   |   |                             |
|------------------------------------|---|---|-----------------------------|
| <b>Project or Program Name:</b>    | Congregate Housing Services Grant Program |   |                             |
| <b>Program:</b>                    | Office of Housing                         |   |                             |
| <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> | Form or other Information Collection      | <b>Project or program status:</b>           | Existing                    |
| <b>Date first developed:</b>       | Click here to enter a date.               | <b>Pilot launch date:</b>                   | Click here to enter a date. |
| <b>Date of last PTA update:</b>    | November 29, 2017                         | <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>   | Alicia Anderson     |               |                        |
| <b>Office:</b> | Multifamily Housing | <b>Title:</b> | Branch Chief           |
| <b>Phone:</b>  | 202-402-5787        | <b>Email:</b> | Alicia.Andersn@hud.gov |

**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. |

## SPECIFIC PTA QUESTIONS

### **1. Reason for submitting the PTA: Choose an item.**

*Please provide a general description of the project and its purpose so a non-technical person could understand. If this is an updated PTA, please describe what changes and/or upgrades triggering the update to this PTA. If this is a renewal please state whether there were any changes to the project, program, or system since the last version.*

This is an extension of a currently approved collection.

The information is basic to the ongoing operations of the Congregate Housing Services Program (CHSP). It supports statutory requirements and program and management controls that prevent fraud, waste, and mismanagement. The controls must be maintained as long as current grants are in operation. Section 802(i)(1)(A) and (d)(7) of the National Affordable Housing Act authorizes/requires matching funds and participant fee collections that are reported on the Summary Budget form (HUD-91180-A) and the Annual Program Budget (HUD-91178-A). The CHSP rule at 24 CFR 700.155(d) requires grantees to submit those forms required by the Secretary, which are included in the CHSP Handbook 4640.1.

Field Office staff use the annual Summary Budget (HUD-91180-A) and the Annual Program Budget (form HUD-91178-A) to assure that grant funds are being used properly.

HUD Field staff will review semi-annual Federal Financial Reports, SF-425, in order to monitor the proper use of grants funds.

HUD Field staff will also review the eLOCCS Payment Voucher in order to monitor use of funds for eligible activities. Grantees submit these forms on a quarterly basis.

HUD Field staff will review the Annual Report, (HUD-90006), to evaluate the effectiveness and efficacy of grant-funded activities.

Headquarters program staff use Annual Reports to compile annual program data for internal and external reports when requested.

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| <p><b>2. Does this system employ the following technologies?</b><br/><i>If you are using these technologies and want coverage under the respective PIA for that technology, please stop here and contact the HUD Privacy Branch for further guidance.</i></p> | <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> Web portal<sup>1</sup> (e.g., SharePoint)</p> <p><input type="checkbox"/> Contact Lists</p> <p><input type="checkbox"/> Public website (e.g. A website operated by HUD, contractor, or other organization on behalf of the HUD)</p> <p><input checked="" type="checkbox"/> None of these</p> |
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| <p><b>3. From whom does the Project or Program collect, maintain, use, or disseminate information?</b><br/><i>Please check all that apply.</i></p> | <p><input type="checkbox"/> This program collects no personally identifiable information<sup>2</sup></p> <p><input type="checkbox"/> Members of the public</p> <p><input type="checkbox"/> HUD employees/contractors (list programs):</p> <p><input type="checkbox"/> Contractors working on behalf of HUD</p> <p><input type="checkbox"/> Employees of other federal agencies</p> <p><input checked="" type="checkbox"/> Other (e.g. business entity)</p> |
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| <p><b>4. What specific information about individuals is collected, generated or retained?</b></p> <p><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, medial information, education information, financial information) and etc.</i></p> |
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<sup>1</sup> Informational and collaboration-based portals in operation at HUD and its programs that collect, use, maintain, and share limited personally identifiable information (PII) about individuals who are "members" of the portal or "potential members" who seek to gain access to the portal.

<sup>2</sup> HUD defines personal information as "Personally Identifiable Information" or PII, which is any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual, regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department. "Sensitive PII" is PII, which if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. For the purposes of this PTA, SPII and PII are treated the same.

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| <p>The forms collect the following information:</p> <p>legal name, EIN, TIN, address, telephone number, email address, signature, grant number, full name, name of contact person, account number, and DUNS number</p>               |  |
| <p><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></p>   | <p><input checked="" type="checkbox"/> No. Please continue to next question.<br/> <input type="checkbox"/> Yes. If yes, please list all personal identifiers used:</p>   |
| <p><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></p>                              | <p><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</p> |
| <p><b>4(c) Has the project, program, or system undergone any significant changes since the SORN?</b></p>   | <p><input checked="" type="checkbox"/> No. Please continue to next question.<br/> <input type="checkbox"/> Yes. If yes, please describe.</p>   |
| <p><b>4(d) Does the project, program, or system use Social Security Numbers (SSN)?</b></p>   | <p><input checked="" type="checkbox"/> No.<br/> <input type="checkbox"/> Yes.</p>  |
| <p><b>4(e) If yes, please provide the specific legal authority and purpose for the collection of SSNs:</b></p>   | <p>Click here to enter text.</p>   |
| <p><b>4(f) If yes, please describe the uses of the SSNs within the project, program, or system:</b></p>  | <p>Click here to enter text.</p>   |
| <p><b>4(g) If this project, program, or system is an information technology/system, does it relate solely to infrastructure?</b></p> <p><i>For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?</i></p> | <p><input checked="" type="checkbox"/> No. Please continue to next question.<br/> <input type="checkbox"/> Yes. If a log kept of communication traffic, please answer this question.</p>   |
| <p><b>4(h) If header or payload data<sup>3</sup> is stored in the communication traffic log, please detail the data elements stored.</b></p>   |  |
| <p>Click here to enter text.</p>   |  |

<sup>3</sup> Header: Information that is placed before the actual data. The header normally contains a small number of bytes of control information, which is used to communicate important facts about the data that the message contains and how it is to be interpreted and used. It serves as the communication and control link between protocol elements on different devices.

Payload data: The actual data to be transmitted, often called the payload of the message (metaphorically borrowing a term from the space industry!) Most messages contain some data of one form or another, but some actually contain none: they are used only for control and communication purposes. For example, these may be used to set up or terminate a logical connection before data is sent.

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| <p><b>5. Does this project, program, or system connect, receive, or share PII with any other HUD programs or systems?</b></p>   | <p><input checked="" type="checkbox"/> No.<br/> <input type="checkbox"/> Yes. If yes, please list:<br/> <a href="#">Click here to enter text.</a></p>   |
| <p><b>6. Does this project, program, or system connect, receive, or share PII with any external (non-HUD) partners or systems?</b></p>  | <p><input checked="" type="checkbox"/> No.<br/> <input type="checkbox"/> Yes. If yes, please list:<br/> <a href="#">Click here to enter text.</a></p>   |
| <p><b>6(a) Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, etc.)?</b></p>  | <p>Choose an item.<br/> Please describe applicable information sharing governance in place:</p>   |
| <p><b>7. Does the project, program, or system provide role-based training for personnel who have access in addition to annual privacy training required of all HUD personnel?</b></p>                     | <p><input checked="" type="checkbox"/> No.<br/> <input type="checkbox"/> Yes. If yes, please list:</p>  |
| <p><b>8. Per NIST SP 800-53 Rev. 4, Appendix J, does the project, program, or system maintain an accounting of disclosures of PII to individuals/agencies who have requested access to their PII?</b></p> | <p><input checked="" type="checkbox"/> No. What steps will be taken to develop and maintain the accounting:<br/> <input type="checkbox"/> Yes. In what format is the accounting maintained:</p>   |
| <p><b>9. Is there a FIPS 199 determination?<sup>4</sup></b></p>   | <p><input type="checkbox"/> Unknown.<br/> <input checked="" type="checkbox"/> No.<br/> <input type="checkbox"/> Yes. Please indicate the determinations for each of the following:</p> <p>Confidentiality:<br/> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Integrity:<br/> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Availability:<br/> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> |

<sup>4</sup> FIPS 199 is the Federal Information Processing Standard Publication 199, Standards for Security Categorization of Federal Information and Information Systems and is used to establish security categories of information systems.

**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> |                             |
| Click here to enter text.  |                             |

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

|   |   |
|---|---|
| <b>HUD Privacy Branch Reviewer:</b>         | <b>Cindy Etheridge</b>  |
| <b>Date approved by HUD Privacy Branch:</b> | March 16, 2018  |
| <b>PTA Expiration Date:</b>                 | This PTA will suffice at this time; however, if there are any significant modifications it would need to be revised and will require an update. |

**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.<br><input type="checkbox"/> New information sharing arrangement is required.<br><input type="checkbox"/> HUD Policy for Computer-Readable Extracts Containing Sensitive PII applies.<br><input type="checkbox"/> Privacy Act Statement required.<br><input type="checkbox"/> Privacy and Civil Liberties Impact Assessment (PCLIA) required.<br><input type="checkbox"/> System of Records Notice (SORN) required.<br><input type="checkbox"/> Paperwork Reduction Act (PRA) Clearance may be required. Contact your program PRA Officer. |




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| <input type="checkbox"/> A Records Schedule may be required. Contact your program Records Officer.                  |   |
| <b>PIA:</b>   | Choose an item.<br>If covered by existing PCLIA, please list: <a href="#">Click here to enter text.</a> |
| <b>SORN:</b>  | Choose an item.<br>If covered by existing SORN, please list: <a href="#">Click here to enter text.</a>  |
| <b>HUD Privacy Branch Comments:</b><br><i>Please describe rationale for privacy compliance determination above.</i> |   |
| <a href="#">Click here to enter text.</a>   |   |

**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.

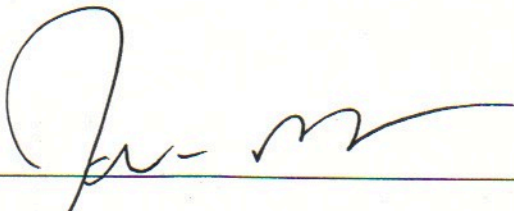
 Recoverable Signature

X 

\_\_\_\_\_  
Loyd LaMois  
Acting Director, Grants Management & Oversight..  
Signed by: h14346

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

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

  
\_\_\_\_\_  
**John Bravacos**

3/19/18  
\_\_\_\_\_  
**Date**

**ACTING CHIEF PRIVACY OFFICER**

**Privacy Branch**  
**OFFICE OF ADMINISTRATION**