

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

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**Operational and Capacity Assessment Survey  
of HCAs after a Disaster**

**Office of Housing Counseling**

**Instruction & Template**

**October 5, 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:

Marcus Smallwood, 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>	Operational and Capacity Assessment Survey of HCAs after a Disaster		
<b>Program:</b>	Office of Housing		
<b>CSAM Name (if applicable):</b>	n/a	<b>CSAM Number (if applicable):</b>	n/a
<b>Type of Project or Program:</b>	Form or other Information Collection	<b>Project or program status:</b>	Operational
<b>Date first developed:</b>	August 16, 2017	<b>Pilot launch date:</b>	Click here to enter a date.
<b>Date of last PTA update:</b>	October 4, 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>	Virginia F. Holman		
<b>Office:</b>	Office of Housing Counseling	<b>Title:</b>	Housing Specialist
<b>Phone:</b>	804-822-4911 – (c) 540-894-7790	<b>Email:</b>	Virginia.f.holman@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: New PTA

A wide spread disaster makes it critical that the Office of Housing Counseling receive information on the impact of the disaster on HUD-participating housing counseling agencies quickly and with consistent input. "Survey to Assess the Operational and Capacity Status of Housing Counseling Agencies after a Disaster" more accurately assesses the operating status and capacity of agencies of housing counseling agencies impacted by Presidentially Declared Disasters and/or FEMA Emergency Declaration to provide their approved counseling services. This Assessment Survey provides the post-disaster information needed for the Office of Housing Counseling to determine the ability of the housing counseling agencies to perform their required functions in the disaster recovery period. The information collected will be used to identify and provide recovery support and assistance to the agencies and their clients. It also provides information that allows the Office of Housing Counseling develop alternates ways to provide the services to people impacted by a disaster.

The "Survey to Assess the Operational and Capacity Status of Housing Counseling Agencies after a Disaster" would be conducted by a survey instrument such as SurveyMonkey, email and phone. More advanced technology often could not be used as the communication systems of impacted agencies would be limited due to the likely destruction of communication infrastructure. The survey would be launched immediately after the Declaration. This collection requests information necessary to determine the extent of physical damage and curtailment of services to housing counseling agencies and curtailment of services provided to clients, if any, caused by a declared disaster. The information collected will be used to identify and provide recovery support and assistance to the agencies and their clients. It also provides information that allows the Office of Housing Counseling develop alternates ways to provide the services to people impacted by a disaster.

### 2. Does this system employ the following technologies?

*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.*

- Social Media
- Web portal<sup>1</sup> (e.g., SharePoint)
- Contact Lists
- Public website (e.g. A website operated by HUD, contractor, or other organization on behalf of the HUD)
- XX  None of these

<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.

<p><b>3. From whom does the Project or Program collect, maintain, use, or disseminate information?</b> <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><b>XX</b> <input checked="" type="checkbox"/> <b>HUD employees/contractors (list programs):</b></p> <p><input type="checkbox"/> Contractors working on behalf of HUD</p> <p><input type="checkbox"/> Employees of other federal agencies</p> <p><input 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>No information specific to individuals is requested. The only information collected will be the operating and capacity status of housing counseling agencies in areas impacted by declared disasters. The survey contains questions to assess the statuses. Most of the questions have yes/no answers.</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><b>XX</b> <input checked="" type="checkbox"/> <b>No. Please continue to next question.</b></p> <p><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><b>XX</b> <input checked="" type="checkbox"/> No. Please continue to next question.</p> <p><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><b>XX</b> <input checked="" type="checkbox"/> No. Please continue to next question.</p> <p><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><b>XX</b> <input checked="" type="checkbox"/> No.</p> <p><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>

<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.

<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>XX <input type="checkbox"/> No. Please continue to next question.</p> <p><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>n/a</p>	

<p><b>5. Does this project, program, or system connect, receive, or share PII with any other HUD programs or systems?</b></p>	<p>XX <input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. If yes, please list:</p> <p>Click here to enter text.</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>XX <input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. If yes, please list:</p> <p>Click here to enter text.</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.</p> <p>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>XX <input type="checkbox"/> No.</p> <p><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</b></p>	<p><input type="checkbox"/> No. What steps will be taken to develop and maintain the accounting:</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.

<p>of PII to individuals/agencies who have requested access to their PII?</p>	<input type="checkbox"/> Yes. In what format is the accounting maintained:
<p>9. Is there a FIPS 199 determination?<sup>4</sup></p>	<input type="checkbox"/> Unknown. <b>XX</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Please indicate the determinations for each of the following:  Confidentiality: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High  Integrity: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High  Availability: <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>	Virginia Holman
<b>Date submitted to Program Privacy Office:</b>	October 6, 2017
<b>Date submitted to HUD Privacy Branch:</b>	Click here to enter a date.
<b>Program Privacy Liaison Officer Recommendation:</b>	
<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>	Cindy Etheridge
<b>Date approved by HUD Privacy Branch:</b>	October 6, 2017

<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.

<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.
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**DESIGNATION**

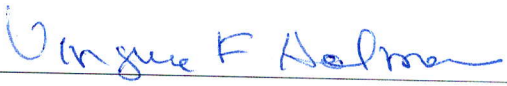
<b>Privacy Sensitive System:</b>	Choose an item. If "no" PTA adjudication is complete.
<b>Category of System:</b>	Choose an item. If "other" is selected, please describe: Click here to enter text.
<b>Determination:</b>	<input checked="" type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> HUD Policy for Computer-Readable Extracts Containing Sensitive PII applies. <input type="checkbox"/> Privacy Act Statement required. <input type="checkbox"/> Privacy and Civil Liberties Impact Assessment (PCLIA) required. <input type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Paperwork Reduction Act (PRA) Clearance may be required. Contact your program PRA Officer. <input type="checkbox"/> A Records Schedule may be required. Contact your program Records Officer.
<b>PIA:</b>	Choose an item. If covered by existing PCLIA, please list: Click here to enter text.
<b>SORN:</b>	Choose an item. If covered by existing SORN, please list: Click here to enter text.
<b>HUD Privacy Branch Comments:</b> <i>Please describe rationale for privacy compliance determination above.</i>	
Click here to enter text.	



**DOCUMENT ENDORSMENT**

DATE REVIEWED: October 6, 2017
PRIVACY REVIEWING OFFICIALS NAME: Marcus Smallwood

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.



10-16-  
2017  
Date

**SYSTEM OWNER**

**Virginia F. Holman**  
**Office of Housing Counseling**

\_\_\_\_\_

\_\_\_\_\_  
Date

**CHIEF PRIVACY OFFICER**

<<INSERT NAME/TITLE>>  
**OFFICE OF ADMINISTRATION**