

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

PRIVACY THRESHOLD ANALYSIS (PTA)

**Public Housing Agency Executive
Compensation Information**

Office of Public and Indian Housing

Instruction & Template

February 2018

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 Impact Assessment (PIA) 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

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

PRIVACY THRESHOLD ANALYSIS (PTA)

SUMMARY INFORMATION

Project or Program Name:	Public Housing Agency Executive Compensation Collection		
Program:	<input type="text"/>		
CSAM Name (if applicable):	Click here to enter text.	CSAM Number (if applicable):	Click here to enter text.
Type of Project or Program:	<input type="text"/>	Project or status:	<input type="text"/>
Date first developed:	August 24, 2011	Pilot launch date:	Click here to enter a date.
Date of last PTA update:	April 12, 2016	Pilot end date:	Click here to enter a date.
ATO Status (if applicable)	<input type="text"/>	ATO expiration date (if applicable):	Click here to enter a date.

PROJECT OR PROGRAM MANAGER

Name:	Claudia J. Yarus		
Office:	REAC	Title:	Supervisory Assessment Manager
Phone:	202-475-8830	Email:	Claudia.J.Yarus@hud.gov

INFORMATION SYSTEM SECURITY OFFICER (ISSO) (IF APPLICABLE)

Name:	Click here to enter text.		
Phone:	Click here to enter text.	Email:	Click here to enter text.

SPECIFIC PTA QUESTIONS

1. Reason for submitting the PTA: <input style="width: 100%;" type="text"/>
<p><i>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.</i></p> <p>Beginning with the Federal Fiscal Year 2012 Appropriations and thereafter, Congress has capped the salary amount, including bonuses that PHAs are permitted to pay the Executive Director or any other PHA employee from funds appropriated under Section 8 (with respect to the tenant based rental assistance program which includes PBVs) and Section 9 (Capital Fund and Operating Fund) of the U.S. Housing Act. The cap is the annual rate of basic pay for a position at level IV of the Executive Schedule. The employee salary cap applies to all PHAs, including Moving-to-Work PHAs.</p> <p>Each PHA submits the compensation data broken for its top management official, top financial/accounting official and ALL other employees whose pay exceeds the annual cap imposed by Congress.</p>

2. Does this system employ the following technologies? <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>	<input type="checkbox"/> Social Media <input type="checkbox"/> Web portal ² (e.g., SharePoint) <input type="checkbox"/> Contact Lists <input checked="" type="checkbox"/> Public website (e.g. A website operated by HUD, contractor, or other organization on behalf of the HUD) <input type="checkbox"/> None of these
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3. From whom does the Project or Program collect, maintain, use, or disseminate information? <i>Please check all that apply.</i>	<input checked="" type="checkbox"/> This program collects no personally identifiable information ³ <input type="checkbox"/> Members of the public <input type="checkbox"/> HUD employees/contractors (list programs): <input type="checkbox"/> Contractors working on behalf of HUD <input type="checkbox"/> Employees of other federal agencies
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² 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.

³ 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.

	<input checked="" type="checkbox"/> Other (e.g., business entity)
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4. What specific information about individuals is collected, generated or retained?

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 date(e.g. retain scan, well-defined group of people),vehicle registration number, title number and information about an indivual that is linked or linkable to one of the above (e.g., date of date, place of birth, race, religion, weight, activities, geographical indictors, employment information, medial information, education information, financial information) and etc.

The collection for each PHA includes the PHA name, the identifying PHA code, and for the PHA’s top management official, top financial/accounting official, and ALL other salaried employees who are paid more than the cap the following information: name, title, and compensation broken down in specific categories by sources of funds. The compensation for these individuals, which is reported on an annual basis, is taken from the employee’s W-2, includes reportable compensation from the PHA and related organizations, all of which is public information.

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?	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, please list all personal identifiers used:
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?	<input checked="" type="checkbox"/> No. Please continue to next question. <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
4(c)Has the project, program, or system undergone any significant changes since the SORN?	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, please describe.
4(d) Does the project, program, or system use Social Security Numbers (SSN)?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.
4(e) If yes, please provide the specific legal authority and purpose for the collection of SSNs:	Click here to enter text.
4(f) If yes, please describe the uses of the SSNs within the project, program, or system:	Click here to enter text.
4(g) If this project, program, or system is an information technology/system, does it	<input checked="" type="checkbox"/> No. Please continue to next question.

relate solely to infrastructure? <i>For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?</i>	<input type="checkbox"/> Yes. If a log kept of communication traffic, please answer this question.
4(h) If header or payload data⁴ is stored in the communication traffic log, please detail the data elements stored.	
Click here to enter text.	

5. Does this project, program, or system connect, receive, or share PII with any other HUD programs or systems?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list: Click here to enter text.
6. Does this project, program, or system connect, receive, or share PII with any external (non-HUD) partners or systems?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list: Click here to enter text.
6(a) Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, etc.)?	<input type="text"/> <input checked="" type="checkbox"/> No. Please describe applicable information sharing governance in place:
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?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list:
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?	<input checked="" type="checkbox"/> No. What steps will be taken to develop and maintain the accounting: NOT APPLICABLE <input type="checkbox"/> Yes. In what format is the accounting maintained:
9. Is there a FIPS 199 determination?⁵	<input type="checkbox"/> Unknown.

⁴ 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.

⁵ 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.

	<p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Please indicate the determinations for each of the following:</p> <p>Confidentiality: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Integrity: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Availability: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>
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PRIVACY THRESHOLD ANALYSIS REVIEW

(TO BE COMPLETED BY PROGRAM PLO)

Program Privacy Liaison Reviewer:	Click here to enter text.
Date submitted to Program Privacy Office:	Click here to enter a date.
Date submitted to HUD Privacy Branch:	Click here to enter a date.
Program Privacy Liaison Officer Recommendation:	
<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)

HUD Privacy Branch Reviewer:	Click here to enter text.
Date approved by HUD Privacy Branch:	Click here to enter a date.
PTA Expiration Date:	Click here to enter a date.

DESIGNATION

Privacy Sensitive System:	<input type="text"/> If "no" PTA adjudication is complete.
Category of System:	<input type="text"/>

	If "other" is selected, please describe: Click here to enter text.
Determination:	<input 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 Impact Assessment (PIA) 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.
PIA:	<input type="text"/> If covered by existing PIA, please list: Click here to enter text.
SORN:	<input type="text"/> If covered by existing SORN, please list: Click here to enter text.
HUD Privacy Branch Comments:	
<i>Please describe rationale for privacy compliance determination above.</i>	
Click here to enter text.	

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.

SYSTEM OWNER

<< INSERT NAME/TITLE >>

<< INSERT PROGRAM OFFICE >>

Date

CHIEF PRIVACY OFFICER

<< INSERT NAME/TITLE >>

OFFICE OF ADMINISTRATION

Date