# U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# PRIVACY THRESHOLD ANALYSIS (PTA)

Self-Help Homeownership Opportunity Program (SHOP)

Office of Rural Housing and Economic Development

**February 28, 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<br>Program Name: | Self-Help Homeownership Opportunity Program (SHOP) |                                      |                             |
|-----------------------------|--|--------------------------------------|-----------------------------|
| Program:                    |  |                                      |                             |
| CSAM Name (if applicable):  | N/A  | CSAM Number (if applicable):         | N/A                         |
| Type of Project or Program: |  | Project or<br>n<br>status:           |                             |
| Date first developed:       | 1996   | Pilot launch date:                   | Click here to enter a date. |
| Date of last PTA update:    | February 28, 2018                                  | Pilot end date:                      | Click here to enter a date. |
| ATO Status (if applicable)  |  | ATO expiration date (if applicable): | Click here to enter a date. |

### PROJECT OR PROGRAM MANAGER

| Name:   | Thann Young                                      |        |                       |
|---------|--|--------|-----------------------|
| Office: | Office of Rural Housing and Economic Development | Title: | Senior CPD Specialist |
| Phone:  | 202-402-4464                                     | Email: | Thann.young@hud.gov   |

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

| Name:  | Click here to enter text. N/A |        |     |
|--------|-------------------------------|--------|-----|
| Phone: | Click here to enter text.     | Email: | N/A |

## SPECIFIC PTA QUESTIONS

| 1. Reason for submitting the PTA:  |  |  |  |
|--|--|--|--|
| 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.   |  |  |  |
| The Self-Help Homeownership Opportunity Program (SHOP) awards grant funds to eligible national and regional non-profit organizations and consortia to purchase home sites and develop or improve the infrastructure needed to set the stage for sweat equity and volunteer-based homeownership programs for low-income persons and families. SHOP funds must be used for eligible expenses to develop decent, safe and sanitary non-luxury housing for low-income persons and families who otherwise would not become homeowners. Homebuyers must be willing to contribute significant amounts of their own sweat equity toward the construction or rehabilitation of their homes. |  |  |  |
| SHOP is authorized by the Housing Opportunity Program Extension Act of 1996, Section 11, and is subject to other Federal crosscutting requirements. No separate program regulations exist. All program requirements are listed in the applicable SHOP Notice of Funding Availability (NOFA). This is a renewal.  |  |  |  |
| No changes were made to the program since the  | ne last version.   |  |  |
|  |  |  |  |
|  |  |  |  |
| 2. Does this system employ the following technologies?   | Social Media   |  |  |
| If you are using these technologies and want   | ☐ Web portal² (e.g., SharePoint)   |  |  |
| coverage under the respective PIA for that technology, please stop here and contact the HUD  | Contact Lists  |  |  |
| Privacy Branch for further guidance.   | x Public website (e.g. A website operated by HUD, contractor, or other organization on behalf of the HUD |  |  |
|  | ☐ None of these  |  |  |
|  |  |  |  |
| 3. From whom does the Project or Program collect, maintain, use, or disseminate information?   | x This program collects no personally identifiable information.  |  |  |
| Please check all that apply.   | Members of the public  HID employees/contractors (list programs):  |  |  |
|  | HUD employees/contractors (list programs):   |  |  |

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.

|   | Contractors working on behalf of HUD   |  |
|---|--|--|
|   | Employees of other federal agencies  |  |
|   | Other (e.g. business entity)   |  |
|   |  |  |
| 4. What specific information about individu   | ials 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 induvial 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.  No specific information about individuals about individuals is collected, generated, or retained. |  |  |
|   |  |  |
| 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?  | <ul><li>☐ No. Please continue to next question.</li><li>☐ Yes. If yes, please list all personal identifiers used:</li></ul>  |  |
| 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?   | <ul> <li>No. Please continue to next question.</li> <li>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</li> </ul> |  |
| 4(c)Has the project, program, or system undergone any significant changes since the SORN?   | ☐ No. Please continue to next question. ☐ Yes. If yes, please describe.  |  |
| 4(d) Does the project, program, or system use Social Security Numbers (SSN)?  | ☐ No. ☐ 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 relate solely to infrastructure?  | ☐ No. Please continue to next question.  |  |

| For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?   | Yes. If a log kept of communication traffic, please answer this question.     |  |
|---|---|--|
| 4(h) If header or payload data <sup>3</sup> is stored in the communication traffic log, please detail the data elements stored. |   |  |
| No specific information about individuals is collected, generated, or retained.   |   |  |
|   |   |  |
| 5. Does this project, program, or system  | x No.   |  |
| connect, receive, or share PII with any other HUD programs or systems?  | ☐ Yes. If yes, please list:   |  |
|   | Click here to enter text.   |  |
| 6. Does this project, program, or system connect, receive, or share PII with any  | x No.   |  |
| external (non-HUD) partners or  | Yes. If yes, please list:   |  |
| systems?  | Click here to enter text.   |  |
| 6(a) Is this external sharing pursuant to new or existing information sharing   |   |  |
| access agreement (MOU, MOA, etc.)?  | N/A   |  |
| 7. Does the project, program, or system   | x No.   |  |
| provide role-based training for personnel who have access in addition   | ☐ Yes. If yes, please list:   |  |
| to annual privacy training required of all HUD personnel?   |   |  |
| -   |   |  |
| 8. Per NIST SP 800-53 Rev. 4, Appendix J, does the project, program, or system  | <b>x</b> No. What steps will be taken to develop and maintain the accounting: |  |
| maintain an accounting of disclosures   | Yes. In what format is the accounting   |  |
| of PII to individuals/agencies who have requested access to their PII?  | maintained: N/A   |  |
| 9. Is there a FIPS 199 determination? <sup>4</sup>  | x Unknown.  |  |
|   | ☐ No.   |  |
|   | Yes. Please indicate the determinations for each                              |  |

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.

<sup>&</sup>lt;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.

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

|   |  | of the following:                                      |  |
|---|--|--|--|
|   |  | Confidentiality: x Low Moderate High                   |  |
|   |  | Integrity: x Low Moderate High                         |  |
|   |  | Availability: x Low Moderate High                      |  |
|   |  |  |  |
| PRIVACY THRESHOLD ANALYSIS REVIEW   |  |  |  |
| (TO BE COMPLETED BY PROGRAM PLO)  |  |  |  |
| Program Privacy Liaison Review  | er:  | Click here to enter text.                              |  |
| Date submitted to Program Priva Office:   | ıcy  | Click here to enter a date.                            |  |
| Date submitted to HUD Privacy I   | Branch:  | ranch: Click here to enter a date.                     |  |
| <b>Program Privacy Liaison Officer Recommendation:</b> Please include recommendation below, including what new privacy compliance documentation is needed |  |  |  |
| Click here to enter text.   | iow, includ  | ту мнаг нем ртічасу сотрінансе аоситенційон із неейей. |  |
|   |  |  |  |
| (TO BE COM  | PLETED   | BY THE HUD PRIVACY BRANCH)                             |  |
| HUD Privacy Branch Reviewer: Click here to enter text.  |  | Click here to enter text.                              |  |
| Date approved by HUD Privacy Branch:  |  | Click here to enter a date.                            |  |
| PTA Expiration Date: Cl   |  | Click here to enter a date.                            |  |
| DESIGNATION   |  |  |  |
| Privacy Sensitive System:   | If "no" PTA adjudication is complete.                              |  |  |
| Category of System:   |  |  |  |
| Category of System.   | If "other" is selected, please describe: Click here to enter text. |  |  |
| <b>Determination:</b> PTA sufficient at this time.  |  |  |  |
| Privacy   | Privacy compliance documentation determination in progress.        |  |  |

|  | New information sharing arrangement is required.                            |  |  |
|--|---|--|--|
| ☐ HUD Policy for Computer-Readable Extracts Containing Sensitive PII applies.              |   |  |  |
| Privacy Act Statement required.  |   |  |  |
| Privacy Impact Assessment (PIA) required.  |   |  |  |
| System of Records Notice (SORN) required.  |   |  |  |
| Paperwork Reduction Act (PRA) Clearance may be required. Contact your program PRA Officer. |   |  |  |
|  | ☐ A Records Schedule may be required. Contact your program Records Officer. |  |  |
| PIA:   | If covered by existing PIA, please list: Click here to enter text.          |  |  |
| SORN:  |   |  |  |
| If covered by existing SORN, please list: Click here to enter text.                        |   |  |  |
| <b>HUD Priva</b>   | cy Branch Comments:   |  |  |
| Please descr   | ribe rationale for privacy compliance determination above.                  |  |  |
| Click here to  | o enter text.   |  |  |
|  |   |  |  |
|  |   |  |  |

## DOCUMENT ENDORSMENT

| DATE REVIEWED:   |          |
|--|----------|
| PRIVACY REVIEWING OFFICIALS NAME:  |          |
| By signing below, you attest that the content captured in this documen and meet the requirements of applicable federal regulations and HUD | <u>-</u> |
| SYSTEM OWNER  << INSERT NAME/TITLE>>   | Date     |
| < <insert office="" program="">&gt;</insert>   |          |
| CHIEF PRIVACY OFFICER < <insert name="" title="">&gt;</insert>   | Date     |
| OFFICE OF ADMINISTRATION   |          |