



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	009-0-131		
Form Title:	Sales Calculation Worksheet		
Component:	Federal Emergency Management Agency (FEMA)	Office:	ORR

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Direct Housing Program Forms		
OMB Control Number:	1660-0138	OMB Expiration Date:	August 31, 2018
Collection status:	Extension	Date of last PTA (if applicable):	April 30, 2015

PROJECT OR PROGRAM MANAGER

Name:	Brian G. Thompson		
Office:	ORR	Title:	Unit Chief
Phone:	540-686-3602	Email:	Brian.Thompson6@fema.dhs.gov

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Elizabeth McDowell
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Office:	ORR	Title:	Supervisory Program Specialist
Phone:	540-686-3630	Email:	Elizabeth.McDowell@fema.dhs.gov

SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*

If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

The purpose of information collection request (ICR) 1660-0138 is to support the direct housing mission. The information collected is necessary to determine the feasibility of a potential site for placement of a Temporary Housing Unit (THU), to ensure the THU is ready for purchaser occupancy, and to confirm applicant understanding of the requirements of occupancy of the THUs, and to inform the purchaser of the requirements and his/her responsibilities when buying a THU from FEMA. This information is collected via paper forms, then uploaded into the Housing Operations Management Enterprise Systems (HOMES) database used to coordinate the provision of THUs for disaster survivors. HOMES is located within NEMIS- IA, the Individual Assistance IT System which maintains the Individuals and Households Program information.

FEMA Form 009-0-131, Sales Calculation Worksheet, is used to advise FEMA Individual Assistance applicants of the requirements for final sale of a THU, if FEMA offers a sale program as part of its direct housing program, and to ensure the THUs are sold for a price that is fair and reasonable. The first portions of the form consist of a calculator to determine the Adjusted Fair Market Value (AFMV) of the THU and a worksheet to determine the IHP Settlement Payment amount. These are completed by a FEMA representative and submitted to a FEMA Sales Lead for review and approval. Once approved, the FEMA representative provides the AFMV to the applicant.

If the applicant asserts they cannot afford to pay the AFMV, the Temporary Housing Unit Sales Petition Calculator portion of the form may be used to determine an Adjusted Sales Price. The calculator captures the applicant's income, assets, the AFMV of the THU, and the IHP Settlement Payment amount. The applicant's income and assets must be provided to the FEMA representative by the applicant, in order to receive an Adjusted



Sales Price. Upon completion, the form is submitted to the Sales Lead for review and approval.

Once approved, the FEMA representative meets with the occupant in person to complete the sale, reviews the final portion of the form with the occupant, the Acknowledgement of Conditions of Sale, and both of them sign the form.

- b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 42 U.S.C. § 5174 and Title 44 C.F.R. Part 206.117

2. Describe the IC/Form

a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? <i>(Check all that apply.)</i>	<input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DHS Employees <input type="checkbox"/> DHS Contractors <input type="checkbox"/> Other federal employees or contractors.
c. Who will complete and submit this form? <i>(Check all that apply.)</i>	<input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant). <input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity.

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which 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.



	<p>If a business entity, is the only information collected business contact information?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Law enforcement.</p> <p><input checked="" type="checkbox"/> DHS employee or contractor.</p> <p><input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i></p> <p>Click here to enter text.</p>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input checked="" type="checkbox"/> Paper.</p> <p><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input type="checkbox"/> Online web form. (available and submitted via the internet)</p> <p><i>Provide link:</i></p>
<p>e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>	
<ul style="list-style-type: none"> • Applicant name • Applicant Registration ID number • Applicant current mailing address • Applicant phone number • Co-applicant name • Disaster number • Name of purchaser (if not the applicant) • Sale price of the MHU • Name of individual who prepared the form • Printed name of the FEMA sales representative • Signature of the FEMA Individual Assistance Branch Chief • MHU Serial number • MHU Vehicle Identification Number • Purchaser's signature • Co-purchaser's signature • FEMA sales representative's signature 	



<ul style="list-style-type: none"> • FEMA approving official's signature • Purchaser's Income information • Purchaser's Asset Information • Purchaser's Cash-in-Hand • FEMA Sales Lead's initials 	
f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply.</i>	
<input type="checkbox"/> Social Security number <input type="checkbox"/> Alien Number (A-Number) <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Visa Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Bank Account, Credit Card, or other financial account number <input type="checkbox"/> Other. <i>Please list:</i>	<input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI) <input type="checkbox"/> Social Media Handle/ID <input type="checkbox"/> Known Traveler Number <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Biometrics
g. List the specific authority to collect SSN or these other SPII elements.	
N/A	
h. How will this information be used? What is the purpose of the collection? Describe why this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.	
N/A	
i. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party</i>)?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. A Privacy Notice is provided on the first page of the form. <input type="checkbox"/> No.



3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input type="checkbox"/> Paper. Please describe. Click here to enter text. <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. The form is stored in the HOMES database within NEMIS-IA as part of the applicant’s file. <input checked="" type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. HOMES database within NEMIS-IA
b. If electronic, how does DHS input the responses into the IT system?	<input type="checkbox"/> Manually (data elements manually entered). Please describe. Click here to enter text. <input checked="" type="checkbox"/> Automatically. Please describe. The form is scanned and uploaded by JFO staff into the HOMES database within NEMIS-IA.
c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the information retrieved?	<input checked="" type="checkbox"/> By a unique identifier. ² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Applicant name, Applicant Registration ID, Applicant address <input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i>
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	Disaster assistance request information will be retained in accordance with the National Archives and Records Administration’s (NARA) record retention schedule and FEMA’s Records Schedule N1-311-86-1, item 4C10a.
e. How do you ensure that records are disposed of or deleted	The program adheres to the disposition schedule which provides timeframes for records destruction

² Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which 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.



in accordance with the retention schedule?	and/or disposal of relevant documents associated with the program.
f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i>	
<input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text. <input type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. Click here to enter text. <input checked="" type="checkbox"/> No. Information on this form is not shared outside of the collecting office.	



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Heather K. Mills
Date submitted to component Privacy Office:	November 17, 2017
Date submitted to DHS Privacy Office:	December 5, 2017
Have you approved a Privacy Act Statement for this form? <i>(Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.)</i>	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
Component Privacy Office Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
SORN: <ul style="list-style-type: none"> DHS/FEMA – 008 Disaster Recovery Assistance Files, 78 Fed. Reg. 25,282 (April 30, 2013). PIA: <ul style="list-style-type: none"> DHS/FEMA/PIA – 027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012). Forthcoming DHS/FEMA/PIA XXX Individual Assistance Program 	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Hannah Burgess
PCTS Workflow Number:	1155141
Date approved by DHS Privacy Office:	December 15, 2017
PTA Expiration Date	December 15, 2018

DESIGNATION

Privacy Sensitive IC or Form:	Yes If "no" PTA adjudication is complete.
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"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	Choose an item.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	Choose an item. Privacy Notice submitted and approved
PTA:	Choose an item. Click here to enter text.
PIA:	PIA in progress



	<p>If covered by existing PIA, please list: Forthcoming Individual Assistance PIA</p> <p>If a PIA update is required, please list: Click here to enter text.</p>
SORN:	<p>System covered by existing SORN</p> <p>If covered by existing SORN, please list: DHS/FEMA-008 Disaster Recovery Assistance Files April 30, 2013 78 FR 25282</p> <p>If a SORN update is required, please list: Click here to enter text.</p>
<p>DHS Privacy Office Comments:</p> <p><i>Please describe rationale for privacy compliance determination above.</i></p>	
<p>FEMA is submitting this PTA to discuss the Sales Calculation Worksheet Form (FF 009-0-131). This form is part of OMB ICR 1660-0138, the purpose of which is to support direct housing. When a disaster survivor is deemed eligible for a housing unit, FEMA uses the forms in this information collection to determine the feasibility of a potential site for temporary housing, to ensure the housing unit is ready for occupancy, and to confirm applicant understanding of requirements.</p> <p>Form 009-0-131 is used to advise Individual Assistance applicants of the requirements for sale of a housing unit, if FEMA is offering a sale program as part of the direct housing program, and to ensure that the housing unit is sold for a fair and reasonable price. The form collects applicant contact information, purchaser income and asset information, and the names and/or signatures of the purchaser, form preparer, and FEMA sales representative.</p> <p>The DHS Privacy Office agrees that form 009-0-131 is a privacy-sensitive collection, requiring PIA coverage. Coverage is provided by the forthcoming Individual Assistance PIA, which will cover all aspects of the Individual Assistance program, including collection of PII in order to provide direct housing for disaster survivors.</p> <p>SORN coverage is also required because information is retrieved by personal identifier. Coverage is provided by DHS/FEMA-008 Disaster Recovery Assistance Files, which covers information collected in order to provide disaster assistance to applicants.</p> <p>This PTA expires in one year. Two additional years of coverage will be provided upon completion of the Individual Assistance PIA.</p>	