

# Departmental Clearance & Approval Record

U.S. Department of Housing and Urban Development

Note to Clearing Offices: If your response has not been received by the Deadline Date, the Originating Office may proceed without it.

1. Job Control Number(s) <b>2502-0536</b>	2. Classification Number	3. Type of Action <input checked="" type="checkbox"/> Clearance <input type="checkbox"/> Final Clearance <input type="checkbox"/> Reclearance <input type="checkbox"/> Approval	4. Deadline Date <b>6/21/2018</b>
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5. Complete Title  
**Single Family Premium Collection Subsystem- Periodic (SFPCS-P)**

6. Principal Audience or User <input checked="" type="checkbox"/> HUD Staff <input type="checkbox"/> Program Participants	6a. Proposed Distribution (spell-out, do not use codes)
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7. Person most familiar with the Document <b>Martha Gilcrest</b>	7a. Organization Code / Office <b>SF Housing</b>	7b. Telephone Number <b>202-402-3331</b>	7c. Room Number
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8. Type of Document

New Handbook     Handbook Revision     New Form     Federal Register Notice     Regulation     Other (specify)  
 Handbook Change     Notice     Form Revision     Publication     Special Directive

9. Mark the boxes for the organization(s) reviewing this document. (specify under "other" the HQ/Field staff components within the reviewing offices, e.g., admin)

OCHCO     GNMA     PIH     CPO     EEO     CIR     Public Affairs     Other  
 CPD     HSG     OGC     CFO     Labor Relations     OSDBU     CIO  
 FPM     OIG     PD&R     FHEO     Lead Hazard Control     REAC     DEC

10. Front-End Risk Analysis <input type="checkbox"/> Completed <input type="checkbox"/> In Process <input checked="" type="checkbox"/> Not Needed	11. Information Collection Requirements (Paperwork Reduction Act) <input type="checkbox"/> Completed <input checked="" type="checkbox"/> In Process <input type="checkbox"/> Not Needed	12. Impact on Small Entities (Regulatory Flexibility Act) <input type="checkbox"/> Completed <input type="checkbox"/> In Process <input checked="" type="checkbox"/> Not Needed	13. Finding of No Significant Impact (FONSI) / Environmental Impact Statement (EIS) (National Environmental Policy Act) <input type="checkbox"/> EIS Required <input type="checkbox"/> FONSI Required <input checked="" type="checkbox"/> FONSI Not Needed
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14. Organization	Signature & Title of Clearing/Approving Official	Date	Concur (no comments)	Concur (comments attached)	Non-Concur (comments attached)
ADMIN	John Bravacos, Senior Agency Official For Privacy	6/19/18	X	JLB	

15. List HQ/Field components involved in developing the document (drafts, discussions, etc.)

16. Comments:

17. Return this record to <b>Kim Sanders</b>	17a. Telephone Number <b>202-402-3343</b>	17b. Room Number <b>9120</b>
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## Instructions

1. Assigned by the originating office's Directives Management Officer (DMO); use the last two digits of the calendar year plus a sequential number plus the office acronym (e.g., 96-01 ADM).
2. For a directive, the proposed three- or four-digit subject classification number which may include a sequential number, revision number, and change number.
3. Self-explanatory.
4. Requests for extensions must be made before the deadline date.
5. The complete title as it will appear on the document.
6. Self-explanatory.
  - 6a. Give description of the proposed distribution, e.g., to HUD Administrative Officers, to Public Housing Agencies, etc. Do not use codes.
7. The person primarily responsible for the document who can discuss proposed modifications.
8. Self-explanatory.
9. Self-explanatory.
10. See Handbook 1840.1, Departmental Management Control Program (formerly Fraud Vulnerability Assessment).
11. See Handbook 2400.3, Reports Analysis and Clearance Process.
12. See Public Law 96-354, Regulatory Flexibility Act.
13. See 24 CFR 50 on compliance with the National Environmental Policy Act.
14. Use for Primary Organization Head (POH) approval to put the document into clearance and, later, to publish the document. Also used for the POH sign-off of reviewing offices.
15. Self-explanatory.
16. Explanations, special instructions, etc.
17. Self-explanatory.

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

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**Single Family Premium Collections  
Subsystem-Periodic (SFPCS-P)**

**Single Family Insurance Operations Division**  
**2502-0536**

**June 7, 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 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, Senior Agency Official for Privacy  
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>	<b>Single Family Insurance Premium Collection Subsystem-Periodic</b>		
<b>Program:</b>	<b>Office of Housing</b>		
<b>CSAM Name (if applicable):</b>	<b>Single Family Insurance Premium Collection Subsystem-Periodic</b>	<b>CSAM Number (if applicable):</b>	Click here to enter text.
<b>Type of Project or Program:</b>	<b>IT System</b>	<b>Project or program status:</b>	<b>Operational</b>
<b>Date first developed:</b>	<b>June 12, 1997</b>	<b>Pilot launch date:</b>	<b>N/A</b>
<b>Date of last PTA update:</b>	<b>April 24, 2017</b>	<b>Pilot end date:</b>	<b>N/A</b>
<b>ATO Status (if applicable)</b>	<b>Complete</b>	<b>ATO expiration date (if applicable):</b>	<b>March 2, 2020</b>

**PROJECT OR PROGRAM MANAGER**

<b>Name:</b>	<b>Carol Britton</b>		
<b>Office:</b>	<b>Housing</b>	<b>Title:</b>	<b>System Owner, Deputy FHA Comptroller, Office of the Housing - FHA Comptroller</b>
<b>Phone:</b>	<b>202-402-3288</b>	<b>Email:</b>	<b>Carol.L.Britton@hud.gov</b>

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

<b>Name:</b>	<b>Tracene Davis</b>		
<b>Phone:</b>	<b>202-402-5748</b>	<b>Email:</b>	<b>Tracene.L.Davis@hud.gov</b>

## 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 triggered 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.*

Updated A80B PTA documentation from previous HUD issued template to new HUD issued template; there have been no changes to the project, program, or system since the last recorded PTA document.

A80B/SFPCS-P is an ongoing, fully operational, financial system that supports HUD's Single Family Insurance Operations Division (SFIOD). The A80B/SFPCS-P provides SFIOD with an automated system for the billing and collection of monthly premium payments (and any assessed late charges) at the case level, and an accurate accounting of all transactions related to the billing, collection, and application of monthly premiums.

### 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)
- None of these

### 3. From whom does the Project or Program collect, maintain, use, or disseminate information?

*Please check all that apply.*

- This program collects no personally identifiable information<sup>2</sup>
- Members of the public
- HUD employees/contractors (list programs):
- Contractors working on behalf of HUD
- Employees of other federal agencies

<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.

	<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 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 birth, date, place of birth, race, religion, weight, activities, geographical indicators, employment information, medical information, education information, financial information) ~~and~~ etc.*

None - system only collects transaction data for monthly insurance premium payments for insured FHA mortgage loans.

<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>	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, please list all personal identifiers used:
<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>	<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
<b>4(c) Has the project, program, or system undergone any significant changes since the SORN?</b>	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, please describe.
<b>4(d) Does the project, program, or system use Social Security Numbers (SSN)?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.
<b>4(e) If yes, please provide the specific legal authority and purpose for the collection of SSNs:</b>	N/A
<b>4(f) If yes, please describe the uses of the SSNs within the project, program, or system:</b>	N/A
<b>4(g) If this project, program, or system is an information technology/system, does it relate solely to infrastructure?</b>  <i>For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?</i>	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If a log kept of communication traffic, please answer this question.

<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>
N/A

<b>5. Does this project, program, or system connect, receive, or share PII with any other HUD programs or systems?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list: Click here to enter text.
<b>6. Does this project, program, or system connect, receive, or share PII with any external (non-HUD) partners or systems?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list: Click here to enter text.
<b>6(a) Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, etc.)?</b>	N/A
<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>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. If yes, please list: User Guide and Standard Operating Procedures are located within the Web Application
<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>	<input checked="" type="checkbox"/> No. What steps will be taken to develop and maintain the accounting: N/A No PII <input type="checkbox"/> Yes. In what format is the accounting maintained:
<b>9. Is there a FIPS 199 determination?<sup>4</sup></b>	<input type="checkbox"/> Unknown. <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Please indicate the determinations for each of the following: Confidentiality:

<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 ~~others do not~~ some actually contain none:as they are used only for control and communication purposes. For example, blank messages ~~these~~ may be used to set-up or terminate a logical connection before data is sent.

<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.



	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High  Integrity: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High  Availability: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
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**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> <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>	June 6, 2018
<b>PTA Expiration Date:</b>	This PTA will suffice, however; if there are any changes, an update will be required.

**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"/> <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: <a href="#">Click here to enter text.</a>
<b>SORN:</b>	Choose an item. If covered by existing SORN, please list: <a href="#">Click here to enter text.</a>
<b>HUD Privacy Branch Comments:</b>	
<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.

  
\_\_\_\_\_

6/8/18  
Date

**Carol L. Britton**

**System Owner**

**DEPUTY FHA COMPTROLLER  
OFFICE OF THE HOUSING-FHA  
COMPTROLLER**

  
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6/20/18  
Date

**John Bravacos**

**Senior Agency Official for Privacy**

**Privacy Branch  
OFFICE OF ADMINISTRATION**

