U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Initial Privacy Assessment

Veterans Housing Rehabilitation and Modification Program (VHRMP)

Office of Rural Housing and Economic Development

May 20, 2016

INITIAL PRIVACY ASSESSMENT (IPA)

The Initial Privacy Assessment (IPA) is use to determine whether a Privacy Impact Assessment (PIA) is required under the E-Government Act of 2002. The IPA is also used to determine if a System of Records Notice (SORN) is required under the Privacy Act of 1974.

The IPA is an administrative form created by the Privacy Branch to efficiently and effectively identify the use of Personally Identifiable Information (PII) across the Department. The IPA focuses on three areas of inquiry:

- Business data and business processes within each HUD program.
- Potential connections with individuals including the use of PII – any use of social security numbers must be specifically identified.

HUD's program and support offices should ensure that its respective IPA is completed and sent to the Privacy Branch for approval. If SSNs are to be used, the IPA specifically identifies the justification and authority for using SSNs. Upon receipt of the IPA, the Privacy Branch determines the applicability of other privacy compliance requirements including the PIA and SORN. The IPA is complete when the Privacy Branch signs it and sends the final copy back to the identified point of contact.

Please complete this form and send it to the HUD Privacy Branch staff.

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Janice Noble
Acting, Branch Chief
Privacy Branch
U.S. Department of Housing and Urban Development

Privacy@hud.gov

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If a PIA or SORN is required, a copy of the Privacy Impact Assessment and System of Records Notice form is available on the HUD Privacy Branch website, http://hudatwork.hud.gov/HUD/cio/po/i/privacy, on HUD@Work or directly from the HUD Privacy Branch via email: privacy@hud.gov to complete and return.

INITIAL PRIVACY ASSESSMENT (IPA) SUMMARY INFORMATION

Date Submitted for Review: **May 20, 2016**

Name of System or Project: **Veterans Housing Rehabilitation and Modification Program**

System Name in CSAM: _____ <Please enter the name.>

Name of Program Office: CPD/**Office of Rural Housing and Economic Development**

Name of Project Manager or System Owner: **Jackie L. Williams**

Email for Project Manager or System Owner: jackie.williams@hud.gov

Phone Number for Project Manager or System Owner: **(202) 402-4611**

Type of Project:

☐ Information Technology and/or System

☐ A Notice of Proposed Rule Making or a Final Rule:

☒ Form or other Information Collection:

☐ Other:

SPECIFIC QUESTIONS

Describe the project and its purpose: The Housing Assistance for Veterans (HAVEN) Act of 2013 (Consolidated Appropriations Act, 2016, Section 1079 (Public Law 113-291)) establishes the Veterans Housing Rehabilitation and Modification Pilot Program. The purpose of the Veterans Housing Rehabilitation and Modification Program is to award grants to nonprofit organizations to rehabilitate and modify the primary residence of disabled and income veterans. The program goal is to support eligible activities that serve the following objectives: 1) modify and rehabilitate the primary residence of disabled and low-income veterans; 2) rehabilitate such residence that is in a state of interior and exterior disrepair; and 3) install energy efficient features or equipment.

1. **2. Status of Project:**

    ☒ This is a new development effort.

    ☐ This is an existing project.

    　Date first developed:

    　Date last updated:

3. **From whom do you collect, process, or retain information on: (Please check all that apply)**

    ☐ HUD Employees

    ☐ Contractors working on behalf of HUD

    ☒ The Public

    ☐ The System does not contain any such information.

4. **Do you use or collect Social Security Numbers (SSNs)? (This includes truncated SSNs)**

    ☒ No.

    ☐ Yes. Why does the program collect SSNs? Provide the function of the
    　SSN and the legal authority to do so:

5. **What information about individuals could be collected, generated or retained?**

Information about individuals will not be collected, generated or retained by this project.

No information will be generated, collected, or retained such as names, addresses, e-mails, etc.

6. **If this project is a technology/system, does it relate solely to infrastructure? [For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)]?**

    ☒ No. Please continue to the next question.

    ☐ Yes. Is there a log kept of communication traffic?

        ☐No. Please continue to the next question.

        ☐ Yes. What type of data is recorded in the log? (Please choose all that apply.)

            ☒ Header

            ☐ Payload Please describe the data that is logged.

7. **Does the system connect, receive, or share Personally Identifiable Information with any other HUD systems?**
    ☒ No.
    ☐ Yes. Please list the systems:

    Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, LOI, etc.)? no

8. **Does the system meet all of the following requirements?**

    There will be a group of records under the control of an agency that contains a personal identifier (such as a name, date of birth, SSN, Employee Number, fingerprint, etc.) of U.S. citizens and lawful permanent residents;

    Contains at least one other item of personal data (such as home address, performance rating, blood type, etc.); and

    The data about the subject individual IS retrieved by the name or unique identifier assigned to the individual.
        ☒ No.
        ☐ Yes.
    If yes is there an existing System of Record Notice?
        ☒ No.
        ☐ Yes.

9. **Is there an Authorization to Operate record within OCIO's FISMA tracking system CSAM?**

☐ Unknown

☒ No

☐ Yes. Please indicate the determinations for each of the following:

Confidentiality:	☐ Low ☐ Moderate ☐ High
Integrity:	☐ Low ☐ Moderate ☐ High
Availability:	☐ Low ☐ Moderate ☐ High

PRIVACY DETERMINATION
(TO BE COMPLETED BY THE HUD PRIVACY BRANCH)

Date reviewed by the HUD Privacy Branch: <Insert Date.>

Name of the HUD Privacy Branch Reviewer: <Please enter name of reviewer.>

DESIGNATION

☐ **This is NOT a Privacy Sensitive System** – the system contains no Personally Identifiable   Information.

☐ **This IS a Privacy Sensitive System**
   Category of System

   ☐ IT System

   ☐ Legacy System

   ☐ HR System

   ☐ Rule

   ☐ Other: _____

Determination

   ☐ IPA sufficient at this time

   ☐ Privacy compliance documentation determination in progress

   ☐ PIA is not required at this time

   ☐ PIA is required

      ☐ System covered by existing PIA:

         ☐ New PIA is required

         ☐ PIA update is required

   ☐ SORN not required at this time

   ☐ SORN is required

      ☐ System covered by existing SORN:

         ☐ New SORN is required

HUD PRIVACY BRANCH COMMENTS:

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.

_____   _____
Date

SYSTEM OWNER

<< INSERT NAME/TITLE>>
<<INSERT PROGRAM OFFICE>>

_____   _____
Date

CHIEF PRIVACY OFFICER

<<INSERT NAME/TITLE>>
OFFICE OF ADMINISTRATION