

Department of Housing and Urban Development (HUD) Privacy Impact Assessment (PIA)

Prescribing Authority: Public Law 107-347, Section 208(b). Complete this form for Department of Housing and Urban Development information systems or electronic collections (referred to as "electronic collections" for the purpose of this form) of information that collect, maintain, use, and / or disseminate Personally Identifiable Information (PII) about members of the public, Federal employees, and contractors. In the case where no PII is collected, the PIA will serve as a conclusive determination that privacy requirements do not apply to the system. Please be sure to use [plain language](#) and be as concise as possible.

HUD's PIAs describe: (1) the legal authority that permits the collection of information; (2) the specific type of information used by the system; (3) how and why the system uses the information; (4) whether the system provides notice to individuals that their information is used by the system; (5) the length of time the system retains information; (6) whether and with whom the system disseminates information; (7) procedures individuals may use to access or amend information used by the system; and (8) physical, technical, and administrative safeguards applied to the system to secure the information.

Note: Program Offices utilizing Shared Drive and SharePoint locations to store information such as PII are required to conduct a PIA. Program Offices completing a PIA for PII storage in the HUD Shared Drive will use either **CSAM ID P207, P209, P212 or 1098** whereas the PIA for PII storage in SharePoint will use the **CSAM ID D110 SharePoint**. After completion of all required information in the PIA, PIA are required to be routed to the Shared Drive Administrator and/or SharePoint Administrator for signature approval in addition to all the required signatures.

For further information and instructions on how to fill out the PIA, please see the [PIA Reference Guide](#). Please submit all completed PIAs using the submission feature located at the bottom of page 7.

1. HUD INFORMATION SYSTEM:

2. HUD DIVISION NAME:

3. CSAM ID:

Section 1: PII Description Summary (For Public Release)

a. The PII is: (Check all that apply)

From members of the general public

From a third-party source

From Federal employees and / or Federal contractors

No PII (Fill out 1c & 1l, then go to Section 4)

From vendors

Other (Please specify in the box below)

b. The PII is in a / an: (Check one)

New HUD Information System

New collection

Existing HUD Information System

Existing collection

Significantly modified HUD Information System (if selected, please describe the modification in the box below)

c. Describe the purpose of this HUD information system or project, including the types of personal information collected within the system.

d. Why is the PII collected and / or what is the intended use of the PII?

Verification

Data Matching

Identification

Mission-Related Use

Authentication

Administrative Use

e. Do individuals have the opportunity to object to the collection of their PII? **Yes No**

If “Yes,” describe the method by which individuals can object to the PII collection.

If “No,” state the reason why individuals cannot object to the PII collection.

f. Do individuals have the opportunity to consent to the specific uses of their PII? **Yes No**

If “Yes,” describe the method by which individuals can give or withhold their consent.

If “No,” state the reason why individuals cannot give or withhold their consent.

g. When an individual is asked to provide PII, is a Privacy Act Statement (PAS) and / or a Privacy Advisory provided? *(Please provide the **actual wording** in the box below and check as appropriate)*

☐ Privacy Act Statement

☐ Privacy Advisory

☐ Not Applicable

h. With whom will the PII be shared through electronic data exchange, both within your HUD Division and outside your Division? *(Check all that apply)*

☐ Within the HUD Office / Division

☐ Other HUD Office(s) / Division(s)

☐ Other federal agencies

☐ State & local agencies

☐ Contractors (Include name of contractor and

describe the language in the contract that safeguards PII in the box below.)

☐ Other

i. Source(s) of the PII collected is / are: *(Check all that apply & list all information systems if applicable)*

☐ Individuals

☐ Databases

☐ Existing HUD information systems

Publicly available data if applicable)(e.g., obtained from internet, news feeds, court records)

☐ Other Federal information systems

j. How will the information be collected? *(Check all that apply & list all Official Forms and Titles if applicable)*

☐ Encrypted Email

☐ Telephone interview

☐ Face-to-face contact

☐ Website / e-form

☐ Fax

☐ Paper

☐ Information sharing /system-to system

☐ Other *(if selected, enter information in the box)*

☐ Official form

k. Does this HUD information system require a Privacy Act System of Records Notice (SORN)?

A SORN is required if the information system contains information about U.S. citizens or lawful permanent U.S. residents that is retrieved by name of another unique identifier. PIA and Privacy Act SORN information must be consistent.

Yes No

If "Yes" enter **SORN System Identifier:**

If a SORN has not yet been published in the Federal Register, enter date of submission for approval.

If "No" explain why the SORN is not required.

l. What is the National Archive and Records Administration (NARA) approved, pending, or General Records Schedule (GRS) disposition authority for the system or for the records maintained in the system? *(Please consult Office of Records Management to assure that the following information is accurate)*

(1) NARA Job Number or GRS Authority:

(2) If pending, provide the date the SF-115 was submitted to NARA:

(3) Retention instructions:

m. What is the authority to collect information? A Federal law or Executive Order must authorize the collection and maintenance of a system of records. For PII not collected or maintained in a system of records, the collection or maintenance of the PII must be necessary to discharge the requirements of a statute or Executive Order.

n. Does this Information System or E-Collection have an active and approved Office of Management and Budget (OMB) Control Number?

This number indicates OMB approval to collect data from 10 or more members of the public in a 12-month period regardless of form or format.

Yes No Pending

If "Yes," list all applicable OMB Control Numbers, collection titles, and expiration dates.

If "No," explain why OMB approval is not required in accordance with proper HUD authority.

If "Pending," provide the date for the 60 and / or 30 day notice and the Federal Register citation.

Section 2: PII Risk Review

a. What PII will be collected or maintained on the information system or project: *(Check all that apply)*

- | | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Age | <input type="checkbox"/> Employment Status, History, or Information (e.g., title, position) | <input type="checkbox"/> Phone Number(s) |
| <input type="checkbox"/> Alias | <input type="checkbox"/> Fax Number | <input type="checkbox"/> Photographic Identifiers (e.g., photograph, video, x-ray) |
| <input type="checkbox"/> Audio Recordings | <input type="checkbox"/> Financial Information (e.g., credit report, account number) | <input type="checkbox"/> Place of Birth |
| <input type="checkbox"/> Biometrical Identifiers (e.g., fingerprint(s), iris image) | <input type="checkbox"/> Foreign activities | <input type="checkbox"/> Protected Health Information |
| <input type="checkbox"/> Certificates (e.g., birth, death, marriage) | <input type="checkbox"/> Full Name | <input type="checkbox"/> Race / Ethnicity |
| <input type="checkbox"/> Citizenship(s) | <input type="checkbox"/> Gender | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Credit Card Number | <input type="checkbox"/> Geolocation Information | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Criminal records information | <input type="checkbox"/> Home Address | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Internet Cookie Containing PII | <input type="checkbox"/> Social Security Number (SSN) (Full or in any form) |
| <input type="checkbox"/> Device identifiers (e.g., mobile devices) | <input type="checkbox"/> Investigation Report or Database | <input type="checkbox"/> Taxpayer ID |
| <input type="checkbox"/> Drivers' License / State ID Number | <input type="checkbox"/> IP / MAC Address | <input type="checkbox"/> User ID |
| <input type="checkbox"/> Education Records | <input type="checkbox"/> Legal Documents, Records | <input type="checkbox"/> Vehicle Identifiers (e.g., license plate) |
| <input type="checkbox"/> Email Address(es) | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Web uniform resource locator(s) |
| <input type="checkbox"/> Employee Identification Number | <input type="checkbox"/> Military status or other information | <input type="checkbox"/> Work Address |
| | <input type="checkbox"/> Mother's Maiden Name | <input type="checkbox"/> Other (if selected, please enter the information below) |
| | <input type="checkbox"/> Passport Information | |

b. If the SSN is collected, please list the proper HUD authority to do so.

Section 3: PII Security Measures

a. How will the PII be secured? (Include any physical, administrative, technical controls, and other controls place)

(1) Physical Controls. *(Check all that apply)*

Cipher locks
Combination locks
Key cards
Security Guards

Closed Circuit TV
Identification badges
Safes
If Other, enter the information in the box below

(2) Administrative Controls. *(Check all that apply)*

Backups Off-Site
Encryption of Backups
Methods to Ensure Only Authorized Personnel
Access to PII

Periodic Security Audit
Regular Monitoring of Users' Security Practices
If Other, enter the information in the box below

(3) Technical Controls *(Check all that apply)*

Biometrics
Encryption of Data at Rest
Firewall
Role-Based Access Controls
Virtual Private Network (VPN)
Encryption of Data in Transit
Used Only for Privileged (Elevated Roles)

Public Key Infrastructure Certificates External
Certificate Authority Certificates Least
Privilege Access
User Identification and Password
PIV Card
Intrusion Detection System (IDS)
If Other, enter the information in the box below

b. What additional measures / safeguards have been put in place to address privacy risks for this information system or electronic collection? (Input N/A if not applicable)

c. Where is PII stored within the system? *(Check all that apply)*

☐ On a centralized HUD server
☐ On individual HUD laptops
☐ In e-mails

☐ On hard copy documents
Other (Please specify in the box below)

Please specify selection(s) made.

d. Indicate the assessment and authorization status:

Authorization to Operate (ATO)
ATO with Conditions
Denial of Authorization to Operate (DATO) Interim
Authorization to Test (ATT)
To Be Determined (TBD)

Date Granted:
Date Granted:
Date Granted:
Date Granted:

Section 4: Review and Approval Signatures

Completion of the PIA requires coordination by the System Manager, Information System Security Officer, Privacy Liaison Officer, and HUD Records Officer **BEFORE** it is sent to the HUD Privacy Office. HUD Privacy Office will review and forward to HUD Chief Privacy Officer and Senior Agency Official for Privacy for signature. *Signatures for PII Storage in Shared Drive and Share Point PIAs:*

**If PIA is regarding PII storage on Shared Drive, PIA must be routed to the Shared Drive Administrator for signature.*

***If PIA is regarding PII storage on SharePoint, PIA must be routed to both the Shared Drive **AND** SharePoint Administrators for signature.*

System Manager (or Shared Drive Administrator if applicable*):

Name: _____

Signature: _____

*SharePoint Administrator (if applicable)**:*

Name: _____

Signature: _____

Information System Security Officer:

Name: _____

Signature: _____

Records Management Liaison Officer:

Name: _____

Signature: _____

Privacy Liaison Officer:

Name: _____

Signature: _____

HUD Records Officer:

Name: _____

Signature: _____

Section 4: Review and Approval Signatures Continued

Paperwork Reduction Act Liaison Officer:

Name: _____

Signature: _____

Once all required signatures are collected on this page, please send PIA to the HUD Privacy Office via [the privacy submission button below](#).

HUD Privacy Office will route the PIA to Chief Privacy Office and Senior Agency Official for Privacy for signatures.

HUD Chief Privacy Officer:

Name: _____

Signature: _____

Senior Agency Official for Privacy:

Name: _____

Signature: _____

PIA NUMBER: _____

PIA APPROVAL DATE: _____

Once completed, email g'dgny 'dwg'dwqp'q'go chl'j g'eqo rrgv'eqr { 'q'j g'Rtkxce { 'ipdqz (privacy@hud.gov)0' Pqvg'yj cv'only Section 1 of this PIA will be published to HUD's public website.

Please check the boxes below that are relevant to your Annual Certification and PIA process.

This is a new PIA

This is a revision for an existing PIA

This is an annual certification for an existing PIA

This is a correction for an existing publication

This is a Notification of Rescindment for an existing PIA