



BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL



Residence Permit for the Purpose of Pursuing Income Generating Activity

Authority receiving the application:		File Number: _ _ _ _ _ _ _ _ _ _	
<input type="checkbox"/> Residence permit issued for the first time		<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; padding-top: 50px;">Photo</div>	
Place of Entry: _____			
Date of Entry: Year Month Day			
Number and Expiration Date of Residence Visa: _____ Year Month Day			
<input type="checkbox"/> Renewal of residence permit		<div style="border: 2px solid black; width: 400px; height: 50px; margin: 0 auto;"></div> <p>[Signature Specimen of Applicant (Legal Representative)]</p> <p>Please make sure your signature fits in the box.</p>	
Number and Expiration Date of Residence Permit: _____ Year Month Day			
Place of Receipt of Document:			
<input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u> .			
<input type="checkbox"/> Applicant will receive the document <u>by postal mail</u> .			
Phone: _____ E-mail: _____			
1. Applicant's Personal Data			
Family Name (as per passport):		Given Name(s) (as per passport):	
Family Name at Birth:		Given Name(s) at Birth:	
Mother's Family and Given Name(s) at Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced
Date of Birth: Year Month Day	Place of Birth (City/ Town):		Country: _

Citizenship:	Nationality (optional):
Last permanent residence abroad:	

2. Applicant's Passport Data	
Passport Number:	Place and Date of Issue: Year Month Day
Type of Passport: <input type="checkbox"/> ordinary <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	Date of Expiration: Year Month Day

3. Planned Duration and Purpose of Residence	
What is the purpose of requesting residence permit? How long do you wish the residence permit to be issued for? <div style="text-align: right;">Year Month Day</div>	

4. Data of Applicant's Residence in Hungary					
ZIP code:	City/Town:		Name of Public Premises:		
Type of Public Premises:	House Number:	Building:	Staircase:	Floor:	Door:
Legal Title to Residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify):					

5. Data related to Income Generating Activity					
<input type="checkbox"/> self-employed <input type="checkbox"/> licensed small-scale agricultural producer <input type="checkbox"/> executive officer of business association/company <input type="checkbox"/> member of business association/company <input type="checkbox"/> supervisory board member of business association/ company <input type="checkbox"/> other (please specify):					
License Number (in case of self-employment or licensed traditional small-scale production):					
Company (managed by Applicant) Data					
Name:					
Address of Company Seat:					
ZIP code:	City/ Town:		Name of Public Premises:		
Type of Public Premises:	House Number:	Building:	Staircase:	Floor:	Door:

6. Data related to Cost of Living in Hungary				
Amount of expected income deriving from the gainful activity:		Net income in Hungary (previous year):_		
Available savings:_		Any supplementary income/assets:_:		
7. Conditions of Return or Onward Travel				
Which country do you wish to return to or travel onward to after the expiration of your legal residence?				What means of transport do you intend to use?
Do you have the necessary	passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No	financial means? <input type="checkbox"/> Yes, the amount is: <input type="checkbox"/> No

8. Spouse, Child, Parent residing abroad or in Hungary supported by Applicant				
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence:	
			<input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
			Number of Residence Document:	
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence:	
			<input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
			Number of Residence Document:	
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence:	
			<input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
			Number of Residence Document:	

9. Other Data	
Are you covered by full health insurance for the duration of your stay in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your application for residence permit ever been refused? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime? If yes, please specify the country, date, the type of crime committed and the type of penalty imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No (country, date, crime, penalty):	
Have you ever been expelled from Hungary? If yes, please specify the date. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-around; width: 100%;"> Year Month Day </div>	
Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent or Habitual Residence (prior to arrival in Hungary): Country: City/ Town: Name of Public Premises:	
Which country do you intend to return to or travel onward to after the expiration of your legal residence? Country: Document supporting the return or onward travel to the country specified above:	
Do you hold a document entitling you to legal residence in another Schengen Member State? <input type="checkbox"/> Yes <input type="checkbox"/> No Number and Expiration Date of Residence Permit:	
I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief. I fully understand that giving false information shall result in the rejection of my application.	
Date: Signature of Applicant
Stamp Duty:	

DO NOT WRITE IN THIS SPACE.
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.

In case the application is approved

I herewith certify that the Applicant's residence in Hungary with the purpose of pursuing income generating activity has been approved until Year Month Day.

Date:
.....
(Signature of Officer, Seal)

Number of the Residence Permit Issued:

I hereby acknowledge the receipt of the above residence permit.

Date:
.....
(Signature of Applicant)

In case of extension, the number of the residence permit revoked:

In case the application is denied

Number of Denial Decision:

Date of Denial: _____ Year _____ Month ____ Day

Reasons for Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: _____ Year _____ Month ____ Day

Reasons for Termination (in brief):

INFORMATION

The application for residence permit can be submitted in person together with all supporting documents proving compliance with criteria for residence. One passport photo and the administrative service fee at the rate stated by relevant legislation are to be attached to the application form. The applicant must present his/her valid passport when submitting the application form. The passport must be valid for the period of 3 months following the expiration of the entitlement to legal residence.

Documents to be enclosed to the application form:

- ☐ **document certifying the purpose of residence**
 - business plan and supporting documents, or
 - certificate of full-time employment of a Hungarian citizen or a person holding the right of free movement and residence for an uninterrupted period of at least 6 months (by law, at least 3 months)
 - certificate of trade register registration and deed of foundation of company/ business association/ cooperative or other legal entity founded with the purpose of generating income
 - self-employment license, or certificate certifying the start of self-employment
 - small-scale agricultural producer card
- ☐ **document certifying the legal title to residence**
 - notarized copy of title deed not older than 30 days
 - rental contract
 - document certifying courtesy use of flat
 - filled out address/ accommodation registration form signed by the property owner
 - other relevant document
- ☐ **document certifying financial background**
 - previous year's income certificate issued by taxing authority (NAV)
 - General Meeting minutes certifying regular monthly income, income certificate issued by accountant
 - other relevant document (e.g. bank account statement, balance statement)
- ☐ **document certifying full health insurance**

Please note that the aliens policing authority has the right to request the submission of further documents during the procedure in order to clarify the circumstances.

When requesting the renewal of residence permit, if the conditions that served as the basis for issuing the residence permit still apply, and the Applicant can further prove compliance with criteria for residence, documents certifying these circumstances do not need to be enclosed again.

The Applicant can request the acting aliens policing authority to obtain the certificate related to the data indicated by the Applicant from another competent authority. This part of the application is considered as an approval to use of Applicant's personal data. If the aliens policing authority obtains the requested data, the applicant must bear and pay all related service fees to the aliens policing authority.

INSET "A"

Data of Minor Child Accompanying and Entered into the Passport of Applicant

Authority receiving the application:	File Number: _ _ _ _ _ _ _ _ _ _
<input type="checkbox"/> Residence permit issued for the first time	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; line-height: 150px;"> Photo </div>
Place of Entry: _____	
Date of Entry: <div style="text-align: right;"> Year Month Day </div>	
Number and Expiry Date of Residence Visa _____ Year Month Day	
<input type="checkbox"/> Renewal of residence permit	<div style="border: 2px solid black; width: 450px; height: 60px; margin: 0 auto;"></div> <div style="text-align: center;"> <p>[Signature Specimen of Applicant (Legal Representative)]</p> <p>Please make sure your signature fits in the box.</p> </div>
Number and Expiration Date of Residence Permit: _____ Year Month Day	

1. Personal Data of Minor Child				
Family Name (as per passport):		Given Name(s) (as per passport):		
Family Name at Birth:		Given Name(s) at Birth:		
Mother's Family and Given Name(s) at Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship:	
Date of Birth: <div> <div>Year</div> <div>Month</div> <div>Day</div> </div>		Place of Birth (City/ Town):		Country:

2. Data of Minor Child's Residence in Hungary						
ZIP Code:		City/Town:			Name of Public Premises:	
Type of Public Premises: _		House Number:	Building:	Staircase:	Floor:	Door:
Legal Title to Residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other, please specify:						

3. Other Data

Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) the child has? Does the child carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

☐ Yes ☐ No

If the child is suffering from any of the above specified contagious diseases or medical conditions, does s/he receive an obligatory and regular medical treatment?

☐ Yes ☐ No

DO NOT WRITE IN THIS SPACE.
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.

In case the application is approved

I herewith certify that the Applicant's residence in Hungary with the purpose of family reunification has been approved until Year Month Day.

Date:
(Signature of Officer, Seal)

Number of the Residence Permit Issued:

I hereby acknowledge the receipt of the above residence permit.

Date:
(Signature of Applicant)

In case of extension, the number of the residence permit revoked:

In case the application is denied

Number of Denial Decision:

Date of Denial: _____ Year _____ Month _____ Day

Reasons for Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: _____ Year _____ Month _____ Day

Reasons for Termination (in brief):