



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



Application for Residence Permit

<p><i>Filled by the Authority!</i> Authority receiving the application:</p>	<p>File number: _ _ _ _ _ _ _ _ _ _ </p>
<p>Date of receipt of application: _____ Year _____ Month ____ Day</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p align="center">ID Photo</p> </div>
<p><input type="checkbox"/> Residence permit issued for the first time Place of entry: _____ Date of entry: Year Month Day</p> <p><small>(To be filled in case of domestic application)</small></p>	
<p><input type="checkbox"/> Renewal of residence permit Number of Residence Permit: _____ Valid until: Year Month Day</p>	
<div style="border: 1px solid black; width: 100%; height: 50px; margin: 0 auto;"></div> <p align="center">[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</p>	

Place of Receipt of Document:	
<input type="checkbox"/> Applicant will receive the document by <u>postal mail</u> .	E-mail:
<input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u> .	Phone:

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):	Country:
Citizenship:		Nationality (optional):
Qualification(s):	Highest Level of Education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> higher education	Occupation (prior to arriving in Hungary):

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. Data of Applicant's Residence in Hungary					
Lot number:	City/town:		Name of Public Premises:		
ZIP code:					
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):					

4. Condition of full health insurance
Are you covered by full health insurance for the duration of your stay in Hungary? <input type="checkbox"/> based on employment <input type="checkbox"/> I have financial coverage to cover the costs <input type="checkbox"/> I have full health insurance <input type="checkbox"/> other (please specify): <input type="checkbox"/> no

5. Conditions of Return or Onward Travel					
Which country do you intend 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?	visa?	ticket?	financial means?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, and the amount is:	<input type="checkbox"/> No

6. Applicant's dependent Spouse, Child, Parent in Hungary			
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 Number of Residence Document: <input type="checkbox"/> S/he does not stay in Hungary
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 Number of Residence Document: <input type="checkbox"/> S/he does not stay in Hungary
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 Number of Residence Document: <input type="checkbox"/> S/he does not stay in Hungary

7. Other data

Permanent or Habitual Residence (prior to arrival in Hungary):
 Country:
 City/Town:
 Name of Public Premises:

Do you have a valid residence permit in another Schengen State? Yes No

Type and Number of Residence Permit: **Valid until:**

Has your application for residence permit ever been refused?
 Yes 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?
 Yes No
 (Country, Date, Crime, Penalty):

Have you ever been expelled from Hungary? If yes, please specify the date.

Yes No

Year Month Day

Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

Yes 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?

Yes No

8. I certify that my minor child entered in my passport travels to Hungary with me.

Yes No

Attention! If your minor child entered in your passport travels to Hungary with you, you must attach the inset „A” to your application!

9. Duration and reason(s) for the stay:

How long does your residence permit apply? Year Month Day

Reason(s):

I certify that the reason of my stay in Hungary is:

- Job seeking or Starting a business (Inset 1)
- Family reunification (Inset 2)
- EU Blue Card (Inset 3)
- Trainee activity (Inset 4)
- Medical treatment (Inset 5)
- Official purpose (Inset 6)
- Pursuit of gainful activity (Inset 7)
- Scientific research or Researcher mobility (long term) (Inset 8)
- Purpose of visit (Inset 9)
- Purpose of employment (Inset 10)
- National (Inset 11)
- Purpose of volunteer activities (Inset 12)
- Seasonal employment (13. betétlap)
- Purpose of studies or Student mobility (Inset 14)
- Purpose of intra-corporate transfer (Inset 15)
- Other, namely: (Inset 16)

I certify that the data and answers I have furnished on this form and the attached Inset(s) are true and correct. I fully understand that giving false information shall result in the rejection of my application.

Date:

.....
Signature of Applicant

I declare that I will voluntarily leave the territory of Member States of the European Union if my residence permit application is definitively rejected.

(To be filled in case of domestic application)

Date:

.....
Signature of Applicant

Transaction number of payment via electronic payment instrument or bank transfer:

**Filed by the authority!
In case the application is approved**

I herewith certify that the Applicant's residence with the purpose of _____ 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

Plea of Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: _____ Year ____ Month ____ Day

Plea of Termination (in brief):



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INSET 2
(Purpose of Family Reunification)

1. Family Member hosting the Applicant			
Family Name:		Given Name(s):	
Family Name at Birth:		Given Name(s) at Birth:	
Date of Birth: Year Month Day	Place of Birth (City/ Town):	Country:	
Citizenship:	Relationship: <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> spouse of parent <input type="checkbox"/> ward <input type="checkbox"/> child or distant relative, or his/her <input type="checkbox"/> spouse <input type="checkbox"/> other:		
Legal Title to Residence <input type="checkbox"/> residence visa <input type="checkbox"/> residence permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> immigration permit <input type="checkbox"/> permanent residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> refugee status	Number and Validity of ID or Residence Permit: Number: Validity: Year Month Day		
2. Data related to Cost of Living in Hungary			
Who covers the cost of living in Hungary? <input type="checkbox"/> Family Member <input type="checkbox"/> Applicant	Savings available for Family Member:	Savings available for Applicant:	
Employer of Family Member (Name, Seat):		Gross Monthly Income of Family Member:	
Employer of Applicant (Name, Seat):		Gross Monthly Income of Applicant:	
3. Do you intend to establish a legal relationship for employment during your stay in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please fill out INSET "B" required for joint authorization procedure.			

INFORMATION

The application for residence permit is to be submitted personally together with the supporting documents proving compliance with criteria of 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 at the time of expiration of the entitlement to legal residence.

Documents to be enclosed to the application form:

document certifying family relationship

- birth certificate
- marriage certificate
- adoption certificate (if adopted)
- other relevant document certifying family relationship

If you intend to establish a legal relationship for employment

- preliminary agreement on the establishment of employment relationship, or certificate of employment relationship
- notarized copy and translation of documents certifying TCN's qualifications, education, knowledge of language, professional experience and other relevant skills necessary to fill the position
- documents justifying the applicability of the marked preferential cases included in INSET "A"

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

- maintenance certificate signed by host Family Member
- previous year's income certificate issued by taxing authority (NAV)
- income certificate issued by Employer
- other relevant document

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.

The recipient of the residence permit issued on the grounds of ensuring the unity of the family/family reunification is obliged to report the dissolution of his/her marriage, or the death of his/her spouse and enclose all necessary supporting documentation within 30 days from the receipt of the official notification on the final decision on the dissolution of marriage, or the date the death certificate is issued at the nearest competent regional directorate.

Should the Applicant establish family relationship exclusively for the sake of obtaining a family residence permit, the residence permit must not be issued or renewed – unless the law provides otherwise – and the already issued residence permit must be withdrawn.