



**BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL**



Application for Residence Permit for Other Purposes

Authority receiving the application:		File Number: _ _ _ _ _ _ _ _ _ _	
<input type="checkbox"/> Residence permit issued for the first time		<div data-bbox="1042 625 1307 982" data-label="Image"></div>	
Place of Entry: _____			
Date of Entry: Year Month Day			
Number of Residence Visa: _____ Expiration Date: Year Month Day			
<input type="checkbox"/> Renewal of residence permit		<div data-bbox="829 1016 1523 1131" data-label="Image"></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 _____			
Valid until: Year Month Day			
Place of Receipt of Document:			
<input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u> .		Phone:	
<input type="checkbox"/> Applicant will receive the document by <u>postal mail</u> .		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 (country, city/town, exact address):					
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. 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?					
Year Month Day					
4. Knowledge of Language(s):					
_____ language _____ level;					
_____ language _____ level;					
_____ language _____ level					
5. 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):					
6. Data of Host Educational Institution (if Applicant takes part in primary or secondary education)					
Name of Educational Institution:				Type of Course: <input type="checkbox"/> primary <input type="checkbox"/> other	
Address of Host Institution:					
7. Data related to Cost of Living in Hungary					
Type of regular income:			Monthly amount:		
Available savings:			Any additional income/assets:		
8. 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"/> No	
<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:	

9. Applicant's 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:	
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:	
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:	

10. Other Data

Are you covered by full health insurance for the duration of your stay in Hungary?
 Yes No

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 or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?
 Yes No

If you are suffering from or carrying any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?
 Yes 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:
 Type and Number of Travel Document (used for inward travel):

Do you hold a document entitling you to legal residence in another Schengen Member State? Yes 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 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

- = certificate of enrolment issued by a non-state-approved educational institution or language school
- = document certifying intern status
- = other relevant document

- document certifying the legal title of residence

- = notarized copy of title deed not older than 30 days
- = rental contract or document certifying courtesy use of flat
- = certificate issued by student residence/ accommodation
- = filled out address/ accommodation registration form signed by the property owner

- document certifying financial background

- = certificate of scholarship disbursements
 - = in case of family member support: maintenance statement and a document proving the maintenance capacity
- = bank statement
- = certificate of disbursement of other regular income
- = 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.

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; display: flex; align-items: center; justify-content: center;">Photo</div> <div style="border: 2px solid black; width: 400px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center; font-size: small;">[Signature Specimen of Applicant (Legal Representative)]</p> <p style="text-align: center; font-size: x-small;">Please make sure your signature fits in the box.</p>
Place and Date of Entry: _____ Year Month Day	
Number and Expiration Date of Residence Visa _____ Year Month Day	
<input type="checkbox"/> Renewal of residence permit	
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: Year Month Day	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 or carrying 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):