



**BEVÁNDORLÁSI ÉS  
MENEKÜLTÜGYI  
HIVATAL**



**Application for Residence Permit**

<b>Filled by the Authority!</b> <b>Authority receiving the application:</b>	File number:  _ _ _ _ _ _ _ _ _ _
<b>Date of receipt of application:</b> _____ Year _____ Month ____ Day	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center;">ID Photo</div>
<input type="checkbox"/> <b>Residence permit issued for the first time</b> <b>Place of entry:</b> _____ <b>Date of entry:</b> ..... Year ..... Month ..... Day <small>(To be filled in case of domestic application)</small>	
<input type="checkbox"/> <b>Renewal of residence permit</b> <b>Number of Residence Permit:</b> _____ <b>Valid until:</b> ..... Year ..... Month ..... Day	
	<div style="border: 1px solid black; width: 400px; height: 50px; margin: 0 auto;"></div> <p>[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</p>

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

<b>1. Applicant's Personal Data</b>		
<b>Family Name (as per passport):</b>	<b>Given Name(s) (as per passport):</b>	
Family Name at Birth:	Given Name(s) at Birth:	
<b>Mother's Family and Given Name(s) at Birth:</b>	<b>Gender:</b>	<b>Marital Status:</b>
	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> single <input type="checkbox"/> widowed

<b>Date of Birth:</b> Year      Month      Day	<b>Place of Birth (City):</b>	<b>Country:</b>
<b>Citizenship:</b>		Nationality (optional):
<b>Qualification(s):</b>	Highest Level of Education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> higher education	<b>Occupation (prior to arriving in Hungary):</b>

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

<b>3. Data of Applicant's Residence in Hungary</b>					
<b>Lot number:</b>	<b>City/town:</b>		<b>Name of Public Premises:</b>		
<b>ZIP code:</b>					
Type of Public Premises:	House number:	Building:	Staircase:	Floor:	Door:
<b>Legal Title to Residence:</b> <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):					

<b>4. Condition of full health insurance</b>
<b>Are you covered by full health insurance for the duration of your stay in Hungary?</b> <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

<b>5. Conditions of Return or Onward Travel</b>					
<b>Which country do you intend to return to or travel onward to after the expiration of your legal residence?</b>				What means of transport do you intend to use?	
<b>Do you have the necessary</b>	<b>passport?</b>	<b>visa?</b>	<b>ticket?</b>	<b>financial means?</b>	
	<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			
<b>Name/Relationship:</b>	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 <b>Number of Residence Document:</b> <input type="checkbox"/> S/he does not stay in Hungary
<b>Name/Relationship:</b>	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 <b>Number of Residence Document:</b> <input type="checkbox"/> S/he does not stay in Hungary
<b>Name/Relationship:</b>	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 <b>Number of Residence Document:</b> <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: .....

**Filled 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):



**4. Knowledge of Language(s)**

language, level; language, level; language, level;

**5. Data related to Cost of Living in Hungary**

Does your livelihood provided by

**your own?**

Yes  No

**your family member?**

Yes  No

**scholarship?**

Yes  No

Do you have available savings?  Yes  No Amount:

Any additional income/assets supporting your livelihood:

Name of Family Member providing your livelihood:

Kinship degree:

### 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 the purpose of residence**

- certificate of enrolment or document certifying student status issued by tertiary educational institution
- document certifying student status issued by secondary educational institution
- certificate of payment of a tuition fee issued by tertiary educational institution
- language certificate(s)

**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 document

**document certifying full health insurance**

## INFORMATION

To the Application for extension of the residence permit must attach the certificate issued by the educational institution about the Applicant's academic progress.

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.

***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.***

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.