



BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL



Application for residence permit for purpose of family reunification

Receiving authority:	Number: □□□□□□□□
Authority performing data entry:	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; vertical-align: middle;">Photograph</div>
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border:	
Date of crossing the border: year..... month day	
Number and validity of visa issued: H □□□□□□□□ year..... month day	<div style="border: 1px solid black; width: 400px; height: 60px; margin: 0 auto;"></div> <p style="text-align: center;">Signature of the applicant (legal representative) The signature must completely be within the frame.</p>
<input type="checkbox"/> Extending residence permit	
Number and validity of former residence permit: H □□□□□□□□ year..... month..... day	

1. Personal data of applicant		
Family name (as in passport):	Given name (as in passport):	
Family name at birth:	Given name at birth:	
Mother's family and given name at birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Date of birth: year..... month..... day	Place of birth (city):	Country:
Citizenship:	Nationality (it is not obligatory to fill this in):	
Last permanent place of residence prior to entering Hungary:		
Profession:	Education: <input type="checkbox"/> elementary <input type="checkbox"/> secondary <input type="checkbox"/> higher	Occupation prior to entering Hungary:

2. Data of passport	
Passport number:	Date and place of issue: year..... month..... day
Type of passport: <input type="checkbox"/> private passport <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	Valid until: year..... month..... day

3. Intended duration of and reasons for staying in Hungary	
Duration until:	□□□□ year□□ month□□ day
Reason:	

4. Accommodation during stay					
Postal code:	City:		Name of public domain (road, street, square etc):		
Type of public domain:	Street number:	Building:	Staircase:	Floor:	Apartment number:
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> sub/tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely:					
5. Family member hosting the applicant					
Family name:			Given name:		
Family name at birth:			Given name at birth:		
Date of birth: year..... month..... day		Place of birth (city):		Country:	
Nationality:			Family relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Spouse of parent <input type="checkbox"/> Person in custody <input type="checkbox"/> Child or other descendant, or its spouse <input type="checkbox"/> Other		
Title of stay if not Hungarian citizen <input type="checkbox"/> residence visa <input type="checkbox"/> residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> permanent residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> refugee status			Number of personal identification card/residence permit:		

6. Data of means of sustenance in Hungary						
Who covers your cost of living? <input type="checkbox"/> family member <input type="checkbox"/> applicant		Amount of savings at family member's disposal:		Amount of savings at applicant's disposal:		
Employer of family member (name, headquarters):				Monthly gross income of family member:		
Employer of applicant (name, headquarters):				Monthly gross income of applicant:		
7. Conditions of continued travel or return trip						
Which country do you wish to depart or return to after expiry of the residence permit?				Means of transport for the journey?		
Do you hold 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	resources to cover the fare? <input type="checkbox"/> Yes, sum:	<input type="checkbox"/> No
8. Spouse, child, parent of the applicant residing in Hungary						
Name/relationship:	Date and place of birth:	Citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit			
Name/relationship:	Date and place of birth:	Citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit			
Name/relationship:	Date and place of birth:	Citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit			
9. Other data						
Do you have full health insurance for the duration of stay in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever had an application for residence permit rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been convicted of a crime? If yes, in which country, when, for what kind of crime, and what kind of punishment was imposed on you? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you been expelled from Hungary, if yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No						
..... year..... month..... day						

To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?

Yes No

If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy?

Yes No

I confirm that the above information is true and valid. I accept the fact that giving false information may lead to rejection of my application.

Date:

.....
Signature

Fee stamps

For official use only

In case of allowing the application

I allow the applicant to stay in Hungary for the purpose of until
 year month day.

Date:

.....
(Signature, seal)

Number of issued residence permit:

I have received the residence permit.

Date:

.....
(Signature)

In case of renewal the number of the revoked residence permit:

In case of rejecting the application

Number of decision:

Date of decision: year month day

Reason for rejection:

INFORMATION

The application for residence permit can be submitted in person, not later than 30 days before the expiry of the legal stay, at the local aliens policing authority competent by accommodation. One passport-size photograph has to be affixed to the application form. The applicant must present his/her valid passport on submitting the application form. The passport must be valid for more than 3 months after the expiration of the residence authorized.

Annexes to be enclosed to the application form:

- **As proof of family relationship**
 - birth certificate
 - marriage certificate
 - certificate of adoption
 - certificate of other family relations
- **Document certifying the title of residence /accommodation/**
 - if the applicant is the owner of the real estate, the ownership certification
 - lease contract of the flat
 - contract or statement of providing the accommodation by courtesy
 - other documents
- **Document certifying financial resources**
 - declaration of the family member covering the living expenses of the applicant
 - certificate from tax authority of last year's income
 - employer's certificate of income
 - other document
- **Document certifying full health insurance for the whole stay in Hungary**

The aliens policing authority has the right to ask for further documents during the process in order to clarify the circumstances!

If the applicant applies for the extension of the residence permit, and the conditions that have served as basis for issuing the residence permit are unchanged, the applicant does not have to attach the documents certifying these circumstances again.

The applicant can ask the aliens policing authority to obtain the certifications on the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward personal data. If the aliens policing authority obtains the necessary data, the applicant has to pay the service fees.

Where a foreign national was granted residence permit on the ground of family reunification he/she shall be required to notify the immigration authority competent according to his/her place of domicile on divorce or death of spouse in 30 days from receiving the binding decision or the death certificate.

An application for the issue of a residence permit or for the extension of its validity period may be refused, or the issued permit revoked, if the family relationship was established solely for the purpose of obtaining a residence permit on the grounds of family reunification.

INSET "A"

Data of minor children travelling with and entered into the passport of the applicant

Receiving authority:	Number: □□□□□□□□
Authority performing data entry:	<div style="border: 1px solid black; width: 150px; height: 150px; margin: auto;"> <p align="center">Photograph</p> </div>
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border:	<div style="border: 1px solid black; width: 400px; height: 60px; margin: auto;"> <p align="center">Signature of the applicant (legal representative) The signature must completely be within the frame.</p> </div>
Date of crossing the border: year..... month day	
Number and validity of visa issued: H □□□□□□□□ year..... month day	
<input type="checkbox"/> Extending residence permit	
Number and validity of former residence permit: H □□□□□□□□ year..... month..... day	

1. Personal data of the minor			
Family name (as in passport):		Given name (as in passport):	
Family name at birth:		Given name at birth:	
Mother's family and given name at birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Date of birth: year..... month..... day	Place of birth (city):	Country:	

2. The minor's accommodation during stay					
Postal code:	City:		Name of public domain (road, street, square etc):		
Type of public domain:	Street number:	Building:	Staircase:	Floor:	Apartment number:
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> sub/tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely::					

3. Other data
To the best of your knowledge, does the minor suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid? <input type="checkbox"/> Yes <input type="checkbox"/> No
If he/she suffers from any of the above diseases, or he/she is contagious with or a carrier of them, does he/she takes part in obliged and permanent therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No

For official use only

In case of allowing the application

I allow the applicant to stay in Hungary for the purpose of..... until

□□□□ year□□ month□□ day.

Date:

.....
(Signature, seal)

Number of issued residence permit: □□□□□□□□

I have received the residence permit.

Date:

.....
(Signature)

In case of renewal the number of the revoked residence permit: □□□□□□□□

In case of rejecting the application

Number of decision:

Date of decision: □□□□ year□□ month□□ day

Reason for rejection: