



BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL



Application for residence permit for the purpose of family reunification

Authority receiving the application:		File number: _ _ _ _ _ _ _ _ _ _	
Office recording the data included in the application:		<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;">Photo</div>	
<input type="checkbox"/> Residence permit issued for the first time			
Place of entry:			
Date of entry: Year Month Day			
Number and expiry date of residence visa H □□□□□□□□ Year Month Day			
<input type="checkbox"/> Renewal of the residence permit		<div style="border: 1px solid black; width: 400px; height: 80px; margin: 0 auto;"></div> <p>[Specimen signature of the applicant (legal representative)] Please ensure your signature fits within the box.</p>	
Number and expiry date of residence visa H □□□□□□□□ Year Month Day			
Place of receipt of the document: <input type="checkbox"/> Applicant will receive the document at the issuing authority. <input type="checkbox"/> Applicant will receive the document by postal mail.			
1. Applicant's personal data			
Family name (as per passport):		Given name (as per 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"/> married <input type="checkbox"/> widow <input type="checkbox"/> divorced
Place of birth: Year Month Day	Place of birth (city):	Country:	
Citizenship:		Nationality (optional):	
Last permanent residence abroad:			

Qualification:		level of education: <input type="checkbox"/> primary school <input type="checkbox"/> specialized school <input type="checkbox"/> vocational school <input type="checkbox"/> secondary school <input type="checkbox"/> vocational secondary school <input type="checkbox"/> polytechnic <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> less than 8 years of primary school		Occupation prior to arriving in Hungary:	
In case you want to establish employment relationship during your stay in Hungary:					
a) duration of the professional practice:					
b) special knowledge, skills in connection with the job:					
c) native language:					
d) other spoken languages:					
e) do you speak Hungarian?					
2. Applicant's passport data					
Passport number:			Place and date of issue: Year Month Day		
Type of passport: <input type="checkbox"/> private <input type="checkbox"/> official <input type="checkbox"/> diplomatic <input type="checkbox"/> other			date of expiry: Year Month Day		
3. Planned period and purpose of residence					
For what period and what purpose are you applying for residence permit? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Day					
4. Data of the applicant's residence in Hungary					
ZIP code:		City/Town:		Name of public space:	
Type of public space:		House number:	Building:	Staircase:	Floor:
Door:					
Legal title of 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. Host family member of the applicant					
Family name:			Given name:		
Family name at birth:			Given name at birth:		
Place of birth: Year Month Day		Place of birth (city):		Country:	
Citizenship:			Family relationship: <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> parent's spouse <input type="checkbox"/> ward <input type="checkbox"/> child or more distant descendant of the spouse of such person <input type="checkbox"/> other		
Title of residence, if not Hungarian citizen <input type="checkbox"/> residence permit <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"/> person recognised as refugee			Number of personal ID card/residence permit:		

6. Data of costs of living in Hungary		
Who provides subsistence in Hungary for the applicant? <input type="checkbox"/> family member <input type="checkbox"/> applicant	Available savings of the family member:	Available savings of the applicant:
Employer of the family member (name, seat):		Gross monthly income of the family member:
Employer of the applicant (name, seat):		Gross monthly income of the applicant:

7. Conditions of return or onward travel					
Which country do you wish to return to or travel onward after the legal residence?				What means of transport do you want 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 sum is:	<input type="checkbox"/> no

8. Spouse, child, parent of the applicant in Hungary					
Name/Relationship:	Place and date of birth:	Citizenship:	Legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other		
			<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card		
Name/Relationship:	Place and date of birth:	Citizenship:	Legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other		
			<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card		
Name/Relationship:	Place and date of birth:	Citizenship:	Legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other		
			<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card		

9. Do you want to establish employment relationship during your stay in Hungary? <input type="checkbox"/> yes <input type="checkbox"/> no					
In case, yes, data of the Hungarian employer:					
Name:					
Address of the headquarters:					
ZIP code:	City/Town:		Name of public domain:		
Type of public	House number:	Building:	Staircase:	Floor:	Door:

domain:					
Professional qualification required for the job:	Date of the preliminary arrangement with the employer:yearmonth day			Position (FEOR number):	
Tax number/tax identification code:	TEÁOR number:			Place of work:	
Skills, knowledge needed for the job:					
Language knowledge: Native language: Other languages:					
Do you speak Hungarian? <input type="checkbox"/> yes <input type="checkbox"/> no Did you have a work permit in Hungary earlier? Yes/no If yes, please specify:					
Name of previous employer in Hungary: Name:..... Address:.....					
Previous work permit: Number:..... Name of issuing labor centre:..... Date of expiry:					
10. Other data					
Are you covered by full health insurance for the period 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 for a crime? If yes, please specify the country, date, the type of crime committed and the type of punishment imposed? <input type="checkbox"/> yes <input type="checkbox"/> no Have you ever been expelled from Hungary? If yes, please specify the date. <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, syphilis, leprosy, 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 you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you receive compulsory and regular medical treatment? <input type="checkbox"/> yes <input type="checkbox"/> no					
Permanent or habitual residence prior to arrival to Hungary: Country: City/Town: Name of public space:					
What country do you wish to return to or travel onward after the expiry of your legal stay? Country:					

I confirm that the above information is true and correct. I acknowledge that giving false information shall result in the rejection of my application.

Dated:

.....
Signature

Duty stamp:

For official use only!

In case the application is approved

I allow the applicant to stay in Hungary for the purpose of
until ____ Year ____ Month ____ Day.

Dated:

.....
(Signature, seal)

Number of the residence permit issued:

I have received the residence permit.

Dated:

.....
(Applicant's signature)

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

In case the application is rejected

Number of rejection decision:

Date of rejection: ____ Year ____ Month ____ Day

Reasons for rejection (briefly):

INFORMATION

The application for residence permit can be submitted in person, not later than 30 days before the expiry of legal stay, at the regional directorate competent over the accommodation, together with all relevant documents. One passport photo has 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 least three more months after the expiry of the residence permitted.

Annexes to be attached to the application form:

- document certifying family relationship**
 - birth certificate
 - marriage certificate
 - certificate of adoption in case the person is adopted
 - other document certifying that the family relationship exists
- document certifying the legal title of residence**
 - certified copy of title deed in the case of own property
 - tenancy agreement
 - document certifying courtesy utilisation of the flat
 - other document
- document certifying financial background**
 - host family member's statement on maintenance
 - income certificate issued by the tax authority concerning the previous year
 - income certificate issued by the employer
 - other document
- document certifying full health insurance**
- in case of establishing employment relationship**
 - preliminary arrangement on employment relationship between the employer and the third country employee
 - valid employment contract
 - certified copy of the documents proving qualification, level of education, language knowledge, experience and other skills required for the job being carried out by the third country national and the certified Hungarian translation of these documents
 - please, procure the documents proving qualification and level of education required for the job from the labor centre, which issued the former work permit, using the domestic assistance of the labor centre.

The aliens policy authority has the right to ask for any further document during the process in order to clarify the circumstances!

When applying for the renewal of the residence permit, if 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 proceeding aliens policy authority to obtain the certificate concerning the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward your personal data. If the aliens policy authority obtains the necessary data, the applicant has to pay the related service fees to the aliens policy authority.

Any person who has a residence permit for family reunification purposes is obliged to report his/her divorce or his-her spouse's death in 30 days after receiving the final divorce decree or issuance of the death certificate at the regional directorate competent over his/her accommodation with the documents attached.

Unless otherwise provided by law, the issuance or renewal of the residence permit shall be refused and any issued residence permit shall be withdrawn, if the applicant has established a family relationship only on the purpose of getting a permit for family reunification.

INSERT "A"
Data of minor child travelling with and entered into the passport of the applicant

Authority receiving the application:	File number: _ _ _ _ _ _ _ _ _ _
Office recording the data included in the application:	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">Photo</p> </div>
<input type="checkbox"/> Residence permit issued for the first time	
Place of entry:	
Date of entry: <div style="text-align: right; margin-right: 50px;"> Year Month Day </div>	
Number and expiry date of residence visa H □□□□□□□□ Year Month Day	<div style="border: 2px solid black; width: 400px; height: 70px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">[Specimen signature of the applicant (legal representative)]</p> <p style="text-align: center; margin: 0;">Please ensure your signature fits within the box.</p> </div>
<input type="checkbox"/> Renewal of the residence permit	
Number and expiry date of residence visa H □□□□□□□□ Year Month Day	

1. The minor's personal data			
Family name (as per passport):		Given name (as per 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	Citizenship:
Place of birth: Year Month Day	Place of birth (city):		Country:

2. Data of the minor's accommodation in Hungary					
ZIP code:	City/Town:			Name of public space:	
Type of public space:	House number:	Building:	Staircase:	Floor:	Door:
Legal title of 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
To the best of your knowledge, does the child suffer from HIV/AIDS, hepatitis B, tuberculosis, syphilis, leprosy, typhoid diseases, which need treatment, or is she/he a carrier of HIV, hepatitis B, typhoid or paratyphoid? <input type="checkbox"/> yes <input type="checkbox"/> no
If the child suffers from any of the above diseases, or he/she is contagious with or a carrier of them, does he/she receive compulsory and regular medical treatment? <input type="checkbox"/> yes <input type="checkbox"/> no

<i>For official use only!</i>
In case the application is approved
I allow the applicant to stay in Hungary for the purpose of
until ____ Year ____ Month ____ Day.
Dated: (Signature, seal)
Number of the residence permit issued: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I have received the residence permit.
Dated: (Applicant's signature)
In case of renewal, the number of the residence permit revoked: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In case the application is rejected
Number of rejection decision:
Date of rejection: ____ Year ____ Month ____ Day
Reasons for rejection (briefly):