



**OFFICE OF IMMIGRATION
AND NATIONALITY**



Application for residence permit for the purpose of treatment

The application receiving authority:		Number: _ _ _ _ _ _ _ _ _ _	
Body performing data entry of the application:		<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"> <p align="center">Photograph</p> </div>	
<input type="checkbox"/> Residence permit for the first time			
Place of entry:			
Date of entry: Year Month Day			
Number and validity of residence visa: H □□□□□□□□ Year Month Day			
<input type="checkbox"/> Extending residence permit		<div style="border: 2px solid black; width: 400px; height: 50px; margin: 0 auto;"> <p align="center">[Signature of applicant (or legal representative).] The signature must completely be within the frame!</p> </div>	
Number and validity of residence visa: H □□□□□□□□ Year Month Day			
Place of receipt of document: <input type="checkbox"/> Applicant shall receive the document at the issuing authority. <input type="checkbox"/> Applicant requests the document by post.			
1. Personal data of the applicant			
Family name (as in passport):		First name (as in passport):	
Family name at birth:		First name at birth:	
Mother's family and first names at birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> widow <input type="checkbox"/> divorced
Date of birth: Year Month..... Day	Place of birth (city):	country:	
citizenship:		nationality (optional):	
Last permanent residence abroad:			

Occupation:		Highest level of education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> university		Occupation prior arriving to Hungary:	
2. Passport data of the applicant					
Passport Number:			Date and place of issuance: Year..... Month..... Day		
Type of passport: <input type="checkbox"/> private passport <input type="checkbox"/> official <input type="checkbox"/> diplomatic <input type="checkbox"/> other			Validity: 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 applicant's accommodation in Hungary					
ZIP code:		city:		Name of public domain:	
Type of public domain:		House number:	building:	staircase:	floor:
					door:
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> courtesy of owner <input type="checkbox"/> other, namely:					
5. Name and location of host medical institution					
Name:					
adress of location:					
6. If a minor or other family member who is unable to supply him/herself is accompanied, data of the family member					
Family name:			First name:		
Family name at birth:			First name at birth:		
Date of birth:Year.....Month.....Day		Place of birth(city):		Country:	
Citizenship:			family relationship:		
7. Data of costs of living in Hungary					
Type of regular income:			Monthly amount:		
Amount of available saving:			Any additional income/assets:		
8. Conditions of return or onward travel					
Which country do you wish to return to or travel onward after the legal residence?				Which means of transport do you want to use?	
Dou you have 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	financial means? <input type="checkbox"/> yes, the sum is:	<input type="checkbox"/> no

9. Spouse, child, parent of the applicant in Hungary				
name/relationship:	Place, date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card
name/relationship:	Place, date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card
name/relationship:	Place, date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card
10. Other data				
For the period of the stay in Hungary do you have full health insurance? <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, in which country, what kind of crime have you convicted, and what kind of punishment was imposed? <input type="checkbox"/> yes <input type="checkbox"/> no				
Have you ever 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? <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 take part in obliged and permanent therapy? <input type="checkbox"/> yes <input type="checkbox"/> no				
Last permanent/habitual residence abroad: country: city: name of public domain:				
Which country do you wish to return to or travel onward after the legal residence? country:				
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 on the purpose of

Until ____ Year ____ Month ____ Day.

Date:
.....
(Signature, seal)

Number of issued residence permit:

I have received the residence permit.

Date:
.....
(Signature of the applicant)

In case of renewal number of the revoked residence permit:

In case of rejecting the application

Number of decision:

Date of decision: ____ Year ____ Month ____ Day

Reason 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 local aliens policing authority competent by place of accommodation. One passport-size photograph has to be affixed to the application form. The applicant must present his/her valid passport when submitting the application form. The passport should be valid at least three more months than the duration of the residence permitted.

Annexes to be enclosed to the application form:

▪ **proof of purpose of residence**

The host medical institution's certificate of the used treatment of the applicant

In case of family member, document certifying family relationship

▪ **document proving the title of the residence**

in case of owned real estate, a certified copy of the title deed

tenancy contract

Courtesy of the flat

other document

document proving financial background of the living costs and the treatment

- Bank certificate

- other document

Document certifying full health insurance

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

When applying for the extension of residence permit, 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 certification 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 to the aliens policing.

3. Other data

To the best of your knowledge, does your child 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 your child suffers from any of the above diseases, or is contagious with or a carrier of them, does your child take part in obliged and permanent therapy?

yes no

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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 of applicant)

In case of renewal number of the revoked residence permit:

In case of rejecting the application

Number of decision:

Date of decision: _____ Year ____ Month ____ Day

Reason for rejection (briefly):