



OFFICE OF IMMIGRATION
AND NATIONALITY



Application for residence permit for the purpose of family reunification

The application receiving authority:		Number: _ _ _ _ _ _ _ _	
Body performing data entry of the application:		<div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center;">Photograph</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: 1px solid black; width: 400px; height: 50px; margin: 20px auto;"></div> <p style="text-align: center;">[Signature of applicant (or legal representative).] The signature must completely be within the frame!</p>	
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"/> widow
		<input type="checkbox"/> married <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. host family member of the applicant					
family name:			First name:		
family name at birth:			First name at birth:		
Date of birth: Year Month..... Day		Place of birth (city):		country:	
állampolgársága:			Family relationship: <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> spouse of parent <input type="checkbox"/> warded <input type="checkbox"/> child or more distant descendant, or spouse of this person <input type="checkbox"/> other		
Title of residence, if not Hungarian citizen <input type="checkbox"/> residence visa <input type="checkbox"/> residence permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> immigrant <input type="checkbox"/> permanent residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> EK residence permit <input type="checkbox"/> refugee			number of identity 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 saving of the family member:		Available saving for the applicant:	
Employer of the family member (name, location):				Monthly gross income of the family member:	
Employer of the applicant (name, location):				Monthly gross 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?				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
8. 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		
9. 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
<p>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.</p> <p>Annexes to be enclosed to the application form:</p> <ul style="list-style-type: none"> ▪ document proving the family relationship <ul style="list-style-type: none"> • birth certificate • marriage certificate • in case of adoption, adoption document • proof of the existence of other family relationships ▪ document proving the title of the residence <ul style="list-style-type: none"> • in case of owned real estate, a certified copy of the title deed • tenancy agreement • courtesy of the flat • other document ▪ document proving financial background <ul style="list-style-type: none"> • maintenance statement of the host family member • income tax certificate of authority from previous year • income certificate issued by the employer • other document ▪ Document certifying full health insurance
<p><i>The aliens policing authority has the right to ask for any further documents during the process in order to clarify the circumstances!</i></p>
<p>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.</p> <p>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.</p> <p>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 judgment of divorce or issuance of the death certificate at the regional directorate of his/her accommodation with the documents attached .</p> <p>The renewal of the residence permit should be refused or withdrawn - when the law does not provide otherwise – if the applicant has established a family relationship only on the purpose of getting a permit for family reunification.</p>

„A” INSET
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: 120px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">Photograph</p> </div>
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border:	
Date of crossing the border: <div style="text-align: right;"> Year Month Day </div>	
Number and validity of residence visa: H _ _ _ _ _ _ _ _ Year Month Day	<div style="border: 1px solid black; width: 400px; height: 60px; margin: 0 auto;"> </div> <p>[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 residence visa: H _ _ _ _ _ _ _ _ Year MonthDay	

1. Personal data of the minor			
Family name (as in passport):		First name (as in passport):	
Family name at birth:		First name at birth:	
Mother's family name and first name at birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	citizenship:
Date of birth: YearMonth..... Day	Place of birth (city):		country:

2. The minor's accommodation during stay						
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"/> property user by courtesy of owner <input type="checkbox"/> other, namely:						

3. Other data
<p>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?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>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?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>

For official use only!
<p style="text-align: center;">In case of allowing the application</p> <p>I allow the applicant to stay in Hungary for the purpose of until _____ Year ____ Month ____ Day.</p> <p>Date: <div style="text-align: right;">(Signature, seal)</div></p> <p>Number of issued residence permit: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>I have received the residence permit.</p> <p>Date: <div style="text-align: right;">(Signature of applicant)</div></p> <p>In case of renewal number of the revoked residence permit: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: center;">In case of recejting the application</p> <p>Number of decision:</p> <p>Date of decision: _____ Year ____ Month ____ Day</p> <p>Reason for rejection (briefly):</p>