

***Application for Temporary Residence Permit***

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| **Authority receiving the application:** |  File Number: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
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|  □ **Residence permit issued for the first time** |   |  Photo |   |
|  **Place of Entry:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   |
|   |   |   |   |
|  **Date of Entry:** |   |   |   |
| **......... Year ........ Month ........ Day** |  |  |  |  |  |
|  |   |   |   |
| **Number and Expiration Date of Residence Visa****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |  |  |
|   **......... Year ........ Month ........ Day** |   |  |  |
|  |  |  |  |
|  □ **Renewal of residence permit** |   | [Signature Specimen of Applicant (Legal Representative)] |   |
|  **Number and Expiration Date of Residence Permit**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | Please make sure your signature fits in the box. |   |
|   **......... Year ........ Month ........ Day** |   |   |   |
| **Place of Receipt of Document:**[ ] Applicant will receive the document at the issuing authority. Phone:       [ ] Applicant will receive the document by postal mail. E-mail:       |
|  **1. Applicant's Personal Data** |
|  **Family Name (as per passport):**  |  **Given Name(s) (as per passport):**  |
|  Family Name at Birth:        |  Given Name(s) at Birth:        |
|  Mother's Family and Given Name(s) at Birth:      |  Gender: [ ]  Male [ ]  Female |  **Marital Status:**[ ] single[ ] widowed |  [ ] married[ ] divorced |
|  **Date of Birth:**      **Year**       **Month**       **Day** |  Place of Birth (City):       |  Country:       |
| **Citizenship:**       |  Nationality (optional):       |
| **Last permanent residence abroad:**        |
|  **Qualification(s):**       |  Highest Level of Education:[ ] primary [ ] secondary [ ] higher education |  **Occupation (prior to arriving in Hungary):**       |
|  **2. Applicant's Passport Data** |
|  **Passport Number:**       |  Place and Date of Issue:              Year       Month       Day |
|  **Type of Passport:**      [ ] ordinary [ ]  service [ ] diplomatic [ ] other |  **Date of Expiration:**      **Year**       **Month**       **Day** |
|  **3. Planned Duration and Purpose of Residence** |
| **W hat is the purpose of requesting residence permit? How long do you wish the residence permit to be issued for?**       |       Year       Month       Day |
|  **4. Data of Applicant's Residence in Hungary** |
| **Lot Number:**       **ZIP code:**       |  City/Town:       |  Name of Public Premises:       |
|  **Type of Public Premises:**      |  House Number:      |  Building:       |  Staircase:      |  Floor:      |  Door:       |
|  **Legal Title to Residence:**[ ] owner [ ] tenant [ ] family member [ ] by courtesy of the owner [ ] other (please specify):       |

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|  **5. Data related to Cost of Living in Hungary** |
|  **Available savings:**  |  **Any supplementary income/assets:**  |
| **6. Conditions of Return or Onward Travel:** |
|  **Which country do you intend to return to or travel onward to after the expiration of your legal residence?**      |  What means of transport do you intend to use?      |
|  **Do you have the necessary**  |  **passport?** [ ] Yes [ ] No |  **visa?** [ ] Yes [ ] No |  **ticket?** [ ] Yes [ ] No |  **financial means?**[ ] Yes, and the amount is:       |  [ ] No |

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|  **7. Other Data** |
|  **Are you covered by full health insurance for the duration of your stay in Hungary?** [ ] Yes [ ] No |
|  **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 or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?**[ ] Yes [ ] No |
| **If you are suffering from or carrying any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?** [ ] Yes [ ] No |
| **Permanent or Habitual Residence (prior to arrival in Hungary):** Country:       City/Town:       Name of Public Premises:       |
| **Which country do you intend to return to or travel onward to after the expiration of your legal residence?**Country:      Type and Number of Travel Document (used for inward travel):       |
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| **I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief. I fully understand that giving false information shall result in the rejection of my application.** |
|  Date: ...................................................... |  .....................................................Signature of Applicant |
|  Stamp Duty: |

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|  **DO NOT WRITE IN THIS SPACE.** **THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.** |
| **In case the application is approved** |
|  I herewith certify that the Applicant’s residence in Hungary with the purpose of ............................ has been approved until .............. Year ........... Month ...... Day. |
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|  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 |
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|  **INFORMATION** |
| The application for residence permit together with all supporting documents must be submitted in person at the regional directorate in charge of the area where the domicile/ accommodation is located 30 days prior to the expiration of the entitlement to legal residence. One passport photo is 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 for at least 1 year from the thirtieth day following the submission of application. |
|  **Documents to be enclosed to the application:** |
|  □ **document certifying the purpose of residence** |
| * - declaration on residence in Hungary corresponding to the purpose of entry (as defined in relevant international agreement)
 |
|  = other document |
|  = copy of valid passport |
|  - certificate certifying legal title to residence (in case it is required by relevant international agreement) |
| = document certifying reserved and paid accommodation  |
| = rental contract or document certifying courtesy use of flat |
| = notarized copy of property deed (in case of own property) |
| = certificate issued by student residence/ accommodation |
| = other relevant document |
|  - document certifying available financial means to cover cost of living (in case it is prescribed by relevant international agreement) |
| = bank statement |
| = certificate of income transferred from abroad |
| = Hungarian or foreign currency convertible at Hungarian financial institutions  |
| = other relevant document |
|  - in case relevant international agreement requires full health insurance |
| = document certifying full health insurance = documents available financial means to cover medical services related costs |
|  ***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. |