



**ORSZÁGOS
IDEGENRENDESZETI
FŐIGAZGATÓSÁG**



Application for Temporary Residence Permit

<p>Authority receiving the application:</p> <p>_____</p>	<p>File Number: _ _ _ _ _ _ _ _ _ _ </p>
<p><input type="checkbox"/> Residence permit issued for the first time</p> <p>Place of Entry:</p> <p>_____</p> <p>Date of Entry:</p> <p style="text-align: right;">..... Year Month Day</p> <p>Number and Expiration Date of Residence Visa</p> <p>_____</p> <p style="text-align: right;">..... Year Month Day</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p style="text-align: center;">Photo</p> </div>
<p><input type="checkbox"/> Renewal of residence permit</p> <p>Number and Expiration Date of Residence Permit</p> <p>_____</p> <p style="text-align: right;">..... Year Month Day</p>	<div style="border: 1px solid black; width: 400px; height: 50px; margin: 0 auto;"> <p style="text-align: center;">[Signature Specimen of Applicant (Legal Representative)]</p> <p style="text-align: center;">Please make sure your signature fits in the box.</p> </div>
<p>Place of Receipt of Document:</p> <p><input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u>. Phone:</p> <p><input type="checkbox"/> Applicant will receive the document <u>by postal mail</u>. E-mail:</p>	
<p>1. Applicant's Personal Data</p>	
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:	<p>Gender:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
	<p>Marital Status:</p> <p><input type="checkbox"/> single <input type="checkbox"/> married</p> <p><input type="checkbox"/> widowed <input type="checkbox"/> divorced</p>
Date of Birth:	Place of Birth (City):
	Country:

Year	Month	Day			
Citizenship:			Nationality (optional):		
Last permanent residence abroad:					
Qualification(s):		Highest Level of Education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> 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: <input type="checkbox"/> ordinary <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other			Date of Expiration: Year Month Day		
3. Planned Duration and Purpose of Residence					
What 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:	City/Town:		Name of Public Premises:		
ZIP code:					
Type of Public Premises:	House Number:	Building:	Staircase:	Floor:	Door:
Legal Title to 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. 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? <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, and the amount is: <input type="checkbox"/> No
7. Other Data					
Are you covered by full health insurance for the duration of your stay in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> 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):

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:

**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.

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

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.