

Available savings: _	Any supplementary income/assets:
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8. 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?
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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 amount is: <input type="checkbox"/> No

9. Applicant's Spouse, Child, Parent in Hungary

Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
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Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
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10. 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):

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 medical treatment 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

Reasons for Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision: _____

Date of Decision: _____ Year _____ Month ____ Day

Reasons for Termination (in brief):

INFORMATION

The application for residence permit can be submitted in person together with all supporting documents proving compliance with criteria for residence. One passport photo and the administrative service fee at the rate stated by relevant legislation are 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 the period of 3 months following the expiration of the entitlement to legal residence.

Documents to be enclosed to the application form:

- document certifying the purpose of residence

= official certificate issued by the medical institution certifying the medical treatment received

= certificate certifying the family relationship in case of accompanying family member

document certifying the legal title to residence

- notarized copy of title deed not older than 30 days
- rental contract
- document certifying courtesy use of flat
- filled out address/ accommodation registration form signed by the property owner
- other relevant document

document certifying financial means available to cover cost of living and medical treatment

- bank statement
- other document

document certifying full health insurance

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.

When requesting the renewal of residence permit, if the conditions that served as the basis for issuing the residence permit still apply, and the Applicant can further prove compliance with criteria for residence, documents certifying these circumstances do not need to be enclosed again.

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.

3. Other Data

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) the child has? Does the child carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

Yes No

If the child is suffering from or carrying any of the above specified contagious diseases or medical conditions, does s/he receive an obligatory and regular medical treatment?

Yes No

**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 family reunification 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

Reasons for Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision: _____

Date of Decision: _____ Year _____ Month _____ Day

Reasons for Termination (in brief):