BEVÁNDORLÁSI ÉS MENEKÜLTÜGYI HIVATAL

Application for Residence Permit

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Filled by the Authority!
Authority receiving the application:

Date of receipt of application:

_____ Year _____ Month _____ Day

☐ **Residence permit issued for the first time**

Place of entry: _____

Date of entry:

.... **Year** .... **Month** .... **Day**

(To be filled in case of domestic application)

☐ **Renewal of residence permit**

Number of Residence Permit: _____

Valid until: .... **Year** .... **Month** .... **Day**

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File number: |_|_|_|_|_|_|_|_|_|_|_|

ID Photo

[Signature Specimen of Applicant (Legal Representative)]
Please make sure your signature fits in the box.

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Place of Receipt of Document:

☐ Applicant will receive the document by <u>postal mail</u>. use when in Hungary

E-mail: put the email address you will

☒ Applicant will receive the document <u>at the issuing authority</u>. USA

Phone: put the phone you use in the

1. Applicant's Personal Data	
Family Name (as per passport):	**Given Name(s) (as per passport):** this is your first name and middle name as written in the passport
Family Name at Birth:	Given Name(s) at Birth:

Mother's Family and Given Name(s) at Birth:	Gender:	Marital Status:	
in Hungary we put the family name first and then the first name, this is what your mother's family and first name before she married	☐ male ☐ female	☐ single ☐ widowed	☐ married ☐ divorced

Date of Birth:	Place of Birth (City):	Country:
Year Month Day		

Citizenship:	Nationality (optional):

Qualification(s): high school degree	Highest Level of Education: ☐ primary ☒ secondary ☐ higher education	Occupation (prior to arriving in Hungary): you can write student at university

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2. Applicant's Passport Data

Passport Number:	Place and Date of Issue:
	Year Month Day

Type of Passport:	Date of Expiration:
☒ ordinary ☐ service ☐ diplomatic ☐ other	Year Month Day

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3. Data of Applicant's Residence in Hungary

Lot number: NA ZIP code: 1094	City/town: Budapest	Name of Public Premises: Tűzoltó or if you cannot make special characters, put Tuzolto

Type of Public Premises: utca	House number: 50-56	Building: NA	Staircase: NA	Floor: NA	Door: NA

Legal Title to Residence:

☐owner ☐tenant ☐family member ☐by courtesy of the owner ☐other (please specify): dormitory resident

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4. Condition of full health insurance

Are you covered by full health insurance for the duration of your stay in Hungary?

☐ based on employment   ☐ I have financial coverage to cover the costs
☒ I have full health insurance   ☐ other (please specify):
                                          ☐ no

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5. 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? USA	What means of transport do you intend to use? airplane

Do you have the necessary	passport?	visa?	ticket?	financial means?	
	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No		☐ No

				☒ Yes, and the amount is:	

6. Applicant's dependent Spouse, Child, Parent in Hungary

Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence:	
			☐ visa ☐ residence permit ☐ temporary settlement permit ☐ EC permanent residence permit ☐ other	☐ residence visa ☐ permanent settlement permit ☐ national permanent settlement permit ☐ immigration permit ☐ EU Blue Card **Number of Residence Document:** ☐ S/he does not stay in Hungary
Name/Relationship:	Place and Date of Birth:	Citizenship:	☐ visa ☐ residence permit ☐ temporary settlement permit ☐ EC permanent residence permit ☐ other	☐ residence visa ☐ permanent settlement permit ☐ national permanent settlement permit ☐ immigration permit ☐ EU Blue Card **Number of Residence Document:** ☐ S/he does not stay in Hungary
Name/Relationship:	Place and Date of Birth:	Citizenship:	☐ visa ☐ residence permit ☐ temporary settlement permit ☐ EC permanent residence permit ☐ other	☐ residence visa ☐ permanent settlement permit ☐ national permanent settlement permit ☐ immigration permit ☐ EU Blue Card **Number of Residence Document:** ☐ S/he does not stay in Hungary

7. Other data
Permanent or Habitual Residence (prior to arrival in Hungary):
Country:
City/Town:
Name of Public Premises:

Do you have a valid residence permit in another Schengen State? ☐ Yes ☒ No

Type and Number of Residence Permit: **Valid until:**

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) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

☐ Yes ☐ No

If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?

☐ Yes ☐ No

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8. I certify that my minor child entered in my passport travels to Hungary with me.

☐ Yes ☐ No

Attention! If your minor child entered in your passport travels to Hungary with you, you must attach the inset „A" to your application!

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9. Duration and reason(s) for the stay:

How long does your residence permit apply? 2023 **Year** June **Month** 3 **Day**

Reason(s): study abroad program at Corvinus University of Budapest

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I certify that the reason of my stay in Hungary is:

☐ Job seeking or Starting a business (Inset 1)

☐ Family reunification (Inset 2)

☐ EU Blue Card (Inset 3)

☐ Trainee activity (Inset 4)

☐ Medical treatment (Inset 5)

☐ Official purpose (Inset 6)

☐ Pursuit of gainful activity (Inset 7)

☐ Scientific research or Researcher mobility (long term) (Inset 8)

☐ Purpose of visit (Inset 9)

☐ Purpose of employment (Inset 10)

☐ National (Inset 11)

☐ Purpose of volunteer activites (Inset 12)

☐ Seasonal employment (13. betétlap)

☒ Purpose of studies or Student mobility (Inset 14)

☐ Purpose of intra-corporate transfer (Inset 15)

☐ Other, namely: (Inset 16)

I certify that the data and answers I have furnished on this form and the attached ………….. Inset(s) are true and correct. I fully understand that giving false information shall result in the rejection of my application.

Date: ....

....
Signature of Applicant

I declare that I will voluntarily leave the territory of Member States of the European Union if my residence permit application is definitively rejected.
(To be filled in case of domestic application)

Date: ....

....
Signature of Applicant

Transaction number of payment via electronic payment instrument or bank transfer: …………………………………………..

Filled by the authority!
In case the application is approved

I herewith certify that the Applicant's residence 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

Plea of Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: _____Year _____ Month ___ Day

Plea of Termination (in brief):

INSET „A"

Data of Minor Child Accompanying and Entered into the Passport of Applicant

Filled by the Authority! **Authority receiving the application:**	File Number: |_|_|_|_|_|_|_|_|_|_|
Date of receipt of application: _____ Year _____ Month _____ Day	
	ID Photo
☐ **Residence permit issued for the first time** **Place of Entry:** _____ (To be filled in case of domestic application) **Date of Entry:** _____ Year _____ Month _____ Day (To be filled in case of domestic application)	
	[Signature Specimen of Applicant (Legal Representative)]
☐ **Renewal of residence permit** **Number and Expiration Date of Residence Permit:** _____ .... **Year** .... **Month** ...... **Day**	Please make sure your signature fits in the box.

1. Personal Data of Minor Child

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 **Citizenship:**
Date of Birth: **Year** **Month** **Day**	**Place of Birth** (City/ Town): **Country**:

2. Data of Minor Child's Residence in Hungary

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, namely:

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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 any of the above specified contagious diseases or medical conditions, does s/he receive an obligatory and regular medical treatment?

☐ Yes ☐ No

Filled by the 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

Plea of Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: _____Year _____ Month ___ Day

Plea of Termination (in brief):