



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



Application for permanent residence

For completion by the authority. Authority receiving the application:	Automated case No.:
Date of acceptance of the application: _____ year ____ month ____ day	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center; vertical-align: middle;">Facial photograph</div>
Indicate the type of residence permit requested <input type="checkbox"/> interim permanent residence permit (Appendix "G" is required) <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> EC permanent residence permit	
Delivery of document: <input type="checkbox"/> Applicant requests delivery of the document by way of post. <input type="checkbox"/> Applicant will collect the document at the issuing authority	<div style="border: 1px solid black; width: 400px; height: 60px; margin: 20px auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>
E-mail: Phone number:	
<p><u>PLEASE COMPLETE THE FORM LEGIBLY, IN BLOCK LETTERS, USING LATIN CHARACTERS.</u></p> <p><u>DO NOT FORGET TO FILL OUT THE RELEVANT APPENDIX IN RELATION TO YOUR PARENTS, SPOUSE(S), CHILDREN, OTHERS SEEKING PERMANENT RESIDENCE TOGETHER WITH YOU AND YOUR DEPENDENTS!</u></p> <p><u>DOCUMENTS INDICATED IN THE INFORMATION MUST BE ENCLOSED WITH THE APPLICATION!</u></p>	

I. Personal data of applicant for permanent residence permit
Name of applicant Surname: Forename(s):
Previous name or birth name Surname: Forename(s):
Mother's birth name Surname: Forename(s):

Place of birth			
Country:			
Locality:			
Date of birth:	year	month	day
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Citizenship:			
Previous citizenship(s):			
Other citizenship(s):			
Marital status:			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)			
Place of marriage:			
Date:	year	month	day
Ethnicity (not mandatory):			
Professional skills:			
Are pursuing studies currently?			
<input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, name of the institution:			
Educational attainment:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary
Level of proficiency in the Hungarian language:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced <input type="checkbox"/> Native speaker

II. Foreign residence before arriving to Hungary
Postal code:
Country:
Locality:
Name of public place:
Building number:
Building, block, floor, door:

III. Travel document details
Passport number:
Passport type: <input type="checkbox"/> Private passport <input type="checkbox"/> Service passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Passport given to person who has been granted refugee status or subsidiary form of protection <input type="checkbox"/> Other, specifically:
Place of issue
Country:
Locality:
Date of issue:
year month day
Date of expiry:
year month day
If having been granted refugee status or subsidiary form of protection:
type of status:
Member State recognising such status:
date of recognition of status:

IV. Details of residence in Hungary
Beginning of uninterrupted lawful residence in Hungary: <div style="text-align: right;"> <div style="display: inline-block; width: 150px; border-bottom: 1px solid black;"></div> <div style="display: inline-block; width: 50px; border-bottom: 1px solid black;"></div> <div style="display: inline-block; width: 50px; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; margin-top: -10px;"> year month day </div>
Number and validity period of visa:
If holding a residence permit, number and validity of residence permit:
If holding a permanent residence permit issued by a Hungarian authority or the authority of any Schengen Member State, indicate type:
Number of permanent residence permit:
Expiry of such document:
Issuing authority:
If holding a personal identification document, indicate number:
Expiry of personal identification document:
Number of days spent abroad during the years before the submission of the application: Year: Number of days: Year: Number of days: Year: Number of days: Year: Number of days: Year: Number of days: Year: Number of days: Year: Number of days:

V. Circumstances in support of favourable decision
<input type="checkbox"/> Family reunification (Appendix D) <input type="checkbox"/> Information on earlier Hungarian citizenship (Appendix E) <input type="checkbox"/> Information on ascendant's Hungarian citizenship (Appendix E) <input type="checkbox"/> Interests of the national economy (Appendix F)

VI. Details on current place of residence in Hungary
(If referring to interests of the national economy, <i>this section need <u>not</u> be completed.</i>)
Full address of place of residence
Postal code:
Locality: District:
Name of public place:
Type of public place (street, road, square, etc.):
Building number:
Land register reference number:
Building: Block: Floor: Door:
Description of current place of residence <input type="checkbox"/> Commercial lodging <input type="checkbox"/> Private accommodation
In the case of private accommodation, legal title of tenancy <input type="checkbox"/> Owner <input type="checkbox"/> Sub-lessee <input type="checkbox"/> Tenant <input type="checkbox"/> Family member <input type="checkbox"/> Beneficial user <input type="checkbox"/> Other, specifically:
If you have been granted refugee status or subsidiary form of protection by Hungary, indicate the address of your place of residence in Hungary
Postal code:
Locality: District:
Name of public place:
Type of public place (street, road, square, etc.):
Building number:
Land register reference number:
Building: Block: Floor: Door:

VII. Details of future residence in Hungary			
Postal code: _____			
Locality: _____		District: _____	
Name of public place: _____			
Type of public place (street, road, square, etc.): _____			
Building number: _____		Land register reference number: _____	
Building: _____	Block: _____	Floor: _____	Door: _____
Legal title of tenancy:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Sub-lessee	<input type="checkbox"/> Tenant	<input type="checkbox"/> Family member
<input type="checkbox"/> Beneficial user	<input type="checkbox"/> Other, specifically: _____		
Number of persons living in dwelling (applicant included): _____			
Number of rooms used by the applicant only, and the floor space of such rooms: _____			
Total floor space of the property: _____ m ²			
For how long can you stay in the dwelling:			
<input type="checkbox"/> Indefinitely			
<input type="checkbox"/> For a fixed period, until _____ year _____ month _____ day			
I hereby consent for the applicant to register the real estate property of which I am the owner, beneficial user as his/her place of residence.			
Date: (signature of landlord)	
VIII. Source of income for subsistence in Hungary			
(If referring to interests of the national economy, <i>this section need <u>not</u> be completed.</i>)			
<input type="checkbox"/> Savings account at a financial institution		(Please answer the question in Section IX.)	
<input type="checkbox"/> Financial assets (tangible or intangible) in Hungary		(Please answer the question in Section X.)	
<input type="checkbox"/> Gainful employment (contract of employment or any other work-related contractual relationship)		(Please answer the question in Section XI.)	
<input type="checkbox"/> Other occupational activity		(Please answer the question in Section XII.)	
<input type="checkbox"/> Pension, annuity received from abroad		(Please answer the question in Section XIII.)	
<input type="checkbox"/> Provided by family member living in Hungary		(Please complete Appendix.)	
<input type="checkbox"/> Other, specifically: _____			
IX. If you plan to support yourself from your own or your supporter's cash savings deposited with a financial institution			
Name of the financial institution where the account is held: _____			
Name of person(s) having access to the account _____			
Amount of cash available in each currency			
	Type of currency	Amount	
	_____	_____	
	_____	_____	
	_____	_____	
X. If you plan to support yourself from your own or your supporter's assets (tangible or intangible) in Hungary			
Estimated market value: _____		HUF	
Description of assets and rights: _____			

XI. If you plan to support yourself from your own or your supporter's income from gainful employment (contract of employment or any other work-related contractual relationship)
Total income from last year and this year: Total net income from work for the year before the submission of the application as verified by the tax authority (NAV): HUF
Total net monthly income from work during the year of submission of the application as verified by the employer: HUF
Employers during the previous calendar year and the current year, if there is more than three, indicate the last two: Name of employer(s):

XII. If you plan to support yourself from your own or your supporter's income from other gainful activity (e.g. entrepreneurship)
Type of gainful activity: <input type="checkbox"/> Private entrepreneur <input type="checkbox"/> Other, specifically: <input type="checkbox"/> Owner/executive officer of business association
Name of business association/entrepreneurship:
Registered address of business association/entrepreneurship:
Number of employees:
Size of own capital invested: HUF
Income earned during the last calendar year and the current year: HUF
Total net income from business activities or earned as the executive officer of a business association for the year before the submission of the application as verified by the tax authority (NAV): HUF
Total net monthly income during the year of submission of the application: HUF

XIII. If you plan to support yourself from pension, annuity received from abroad
Type of income: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other, specifically:
Monthly amount (value, currency):
Name of Hungarian financial institution of payment:
Date of beginning of payments: year month day
Name of foreign social security institution of establishment:

XIV. Number of persons living in the same household:			
Name and birthdate of persons in the same household:	Relation to applicant:	Amount of monthly income:	Amount of savings available (HUF):

XV. If supported by a family member living in Hungary:		
Name of family member providing support		
Appendix number	Name	Relationship

To your knowledge, do you have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?

☐ Yes

☐ No

If you suffer from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?

☐ Yes

☐ No

XVIII. Purpose of residence, reasons, substance:

Remarks, addendums:

(If the form contains no relevant section for indicating any detail, use this box to enter such details.)

XIX.

Permanent or usual place of residence before arriving to Hungary:

Country:

Locality:

Name of public place:

When your right of residence expires, which country will you be travelling to?

Country:

XX. Please use Appendix "C" to enclose your detailed autobiography with the application.

Enclosed with the application please find the following appendixes:

A: ☐ B: ☐ C: ☐

Furthermore, enclosed with the application are Appendix D ☐ E ☐ F ☐ G ☐.

I hereby declare that all data and information indicated above and in the appendix are true and correct. I understand that if the application contains any false information it shall be refused, or the permit will be revoked, moreover, I will be obliged to notify any changes in my particulars supplied in the application and in the appendix attached within 8 days to the regional directorate where my application is processed.

I hereby consent for the immigration authority to process the data relating to my ethnicity if the application is refused, for a period of 20 years from the time of refusal, or from the time when my resident status terminates in other cases.

Date:

.....
(signature of applicant)

Transaction number of payment if made by electronic payment instrument or by bank deposit:

Authority's remarks *(Notes made by the case officer who received the application, interpreter's involvement, where applicable, related requests, etc.)*

If the application is approved

Reasons for granting permanent residence permit:

Applicant's residence is hereby authorised.

Name of Member State: in _____ International protection was granted on _____.

Date:
.....
(signature, stamp)

Number of permanent residence permit(s) issued: _____

Date of issue of document(s): _____ year ____ month ____ day

Date of expiry of documents: _____ year ____ month ____ day

Number of residence permit(s) revoked: _____

I have received the permanent residence permit(s) issued: _____ Date:
Stamp

.....
(signature of case officer)

.....
(signature of applicant)

If the application is refused

Number of the resolution on refusal: : _____ Date of resolution: _____ year ____ month ____ day

Legal basis for refusal:

Date:
.....
(signature, stamp)

If the proceeding is terminated

Number of decision: _____ Date of decision: _____ year ____ month ____ day

Legal basis of the decision:

Date:
.....
(signature, stamp)

APPENDIX “A”
**(Applicant foreign national’s child under the age of 14 years,
applying for residence together with applicant)**

For completion by the authority. Authority receiving the application: Appendix number: _____ Automated case No. _____ Are the child’s particulars contained in the applicant’s passport? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Automated case No.: _____ <div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center; vertical-align: middle;"> Facial photograph </div> <div style="border: 2px solid black; width: 400px; height: 60px; margin: 20px auto;"></div> <div style="text-align: center; margin-top: 10px;"> [Handwritten signature specimen of applicant (legal representative)] </div> <div style="text-align: center;"> Signature must be inside the box in its entirety. </div>
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Name of child			
Surname: _____			
Forename(s): _____			
Previous name			
Surname: _____			
Forename(s): _____			
Mother’s birth name			
Surname: _____			
Forename(s): _____			
Place of birth			
Country: _____			
Locality: _____			
Date of birth: _____ year month day			
Sex: <input type="checkbox"/> male <input type="checkbox"/> female			
Citizenship: _____			
Previous/other citizenship(s): _____			
Ethnicity (not mandatory): _____			
Full address of child’s place of residence in Hungary:			
Postal code: _____			
Locality: _____		District: _____	
Name of public place: _____			
Type of public place (street, road, square, etc.): _____			
Building number: _____			
Land register reference number: _____			
Building: _____	Block: _____	Floor: _____	Door: _____

To your knowledge, does your child have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?

☐ Yes

☐ No

If the child suffers from any of the diseases specified above, or if contagious or a carrier of infectious diseases, does he/she receives compulsory and regular treatment with regard to the said diseases?

☐ Yes

☐ No

Travel document details:

Passport number:

Passport type:

☐ Private passport

☐ Service passport

☐ Diplomatic passport

☐ Passport given to person who has been granted refugee status or subsidiary form of protection

☐ Other, specifically:

Place of issue:

Date of issue: year month day

Date of expiry: year month day

If having been granted refugee status or subsidiary form of protection:

type of status:

Member State recognising such status:

date of recognition of status:

Beginning of uninterrupted lawful residence in Hungary:

year month day

Number and validity period of visa:

If holding a residence permit, number and validity of residence permit:

If holding a permanent residence permit, indicate type:

Number of permanent residence permit:

Expiry of such document:

Issuing authority:

If holding a personal identification document, indicate number and validity period:

Date:

.....

(signature)

APPENDIX “B”
(Applicant’s family members)

Name of family member			
Surname:			
Forename(s):			
Previous name or birth name			
Surname:			
Forename(s):			
Mother’s birth name			
Surname:			
Forename(s):			
Place and date of birth			
Country:			
Locality:			
Date of birth:		year	month day
Sex:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Citizenship(s):		Ethnicity (not mandatory):	
Relation of family member and applicant:			
<input type="checkbox"/> Spouse’s child	<input type="checkbox"/> Applicant’s child		
<input type="checkbox"/> Applicant’s father	<input type="checkbox"/> Applicant’s mother		
<input type="checkbox"/> Applicant’s spouse	<input type="checkbox"/> Dependent ascendant of applicant and his/her spouse		
<input type="checkbox"/> Applicant’s sibling	<input type="checkbox"/> Applicant’s domestic partner		
Family member’s details:			
<input type="checkbox"/> Hungarian citizen living in Hungary			
<input type="checkbox"/> Foreign national living in Hungary, applying together with the applicant for residence			
<input type="checkbox"/> Foreign national living abroad, not applying together with the applicant for residence			
In respect of the applicant’s minor child, are the child’s particulars contained in the applicant’s passport?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is the applicant under obligation to provide maintenance for the family member?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is this family member a foreign national living in Hungary, who is bound to ensure the applicant’s subsistence?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is this family member a foreign national living in Hungary, and will be marked a family member fro the purpose of family reunification?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If the family member who lives in Hungary is a foreign national, his/her status in Hungary:			
<input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Have a permanent residence permit <input type="checkbox"/> Have a residence permit			
<input type="checkbox"/> Have a registration certificate <input type="checkbox"/> Have a residence card <input type="checkbox"/> Have a permanent residence card			
Home address:			
Postal code:			
Country:			
Locality:			
Name of public place:			
Building number:			
Building, block, floor, door:			
Occupation:			
Name of employer:			

<i>If the spouse of the applicant, place of marriage:</i>			
Country:			
Locality:			
<i>In respect of a spouse, date of marriage:</i>			
	year	month	day
<i>Beginning of family life in Hungary:</i>			
	year	month	day
If the family member supports the applicant of residence permit			
Monthly income: HUF			
Number of dependents the family member actually:			
supports, including those entitled to support:			
Date:			
<div style="text-align: right;"> (signature) </div>			

<i>For completion by the authority.</i> Automated case No.:

<i>For completion by the authority.</i> Appendix number:
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APPENDIX “C”

Detailed autobiography

(An account of your life, name, address and occupation of close relatives living abroad, academic studies, previous employment abroad, language skills, place and date of military service, social responsibilities, hobbies and recreational activities, personal preferences or interests, name and address of relatives, friends in Hungary, etc.)



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



APPENDIX “D”
(family reunification)

Particulars of family members living in Hungary		
Appendix number	Name	Relationship

Relation of family member and applicant:

☐ Spouse's child
☐ Applicant's father
☐ Applicant's mother
☐ Applicant's spouse
☐ Applicant's child
☐ Dependent ascendant of applicant and his/her spouse
☐ Applicant's sibling
☐ Applicant's domestic partner

Date:

.....
signature

For completion by the authority.

Automated case No.:

For completion by the authority.

Appendix number:



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



APPENDIX “E”

(Hungarian ascendants / earlier Hungarian citizenship)

1. Information on earlier Hungarian citizenship			
Have you ever been a Hungarian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When did your Hungarian citizenship ceased to exist? year month day			
Reason for losing earlier Hungarian citizenship?			
Have you ever lived in Hungary as a Hungarian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Information on ascendant's Hungarian citizenship		
Have your parents, grandparents or more distant ascendants ever been Hungarian citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Particulars of your ascendants with Hungarian citizenship		
Appendix number	Name, place and date of birth	Relationship
Date:		
..... (signature)		

<i>For completion by the authority.</i> Automated case No.:

<i>For completion by the authority.</i> Appendix number:
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**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



APPENDIX “F”
(interests of the national economy)

If referring to interests of the national economy		
Are you applying for residence permit as an investor or family member?		
<input type="checkbox"/> Investor		
<input type="checkbox"/> Family member		
If an investor, name of issuer of government bonds:		
Are family members applying for residence together with applicant?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
If yes, which family members are applying?		
<input type="checkbox"/> Spouse		
<input type="checkbox"/> Dependent descendant		
<input type="checkbox"/> Dependent parent		
Appendix number	Name, place and date of birth	Relationship
Date:		
..... (signature)		

For completion by the authority.

Automated case No.:

For completion by the authority.

Appendix number:



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



APPENDIX “G”

(Foreign nationals applying for interim permanent residence permit)

I. EC residence permit certifying long-term residence status granted by any Member State of the European Union					
number:					
validity period:					
date of issue:					
place of issue:					
date of entry into Hungary:					
II. Purpose of stay in Hungary					
1. Information on employment					
Name of Hungarian employer:					
registered address:					
Date of prior agreement with the employer/date of document evidencing employment relationship: <div>year month day</div>					
2. Information on gainful activity					
<input type="checkbox"/> Private entrepreneur <input type="checkbox"/> Small-scale farmer <input type="checkbox"/> Senior officer of business association <input type="checkbox"/> Member of business association <input type="checkbox"/> Member of supervisory board of a business association <input type="checkbox"/> Other, specify:					
If a self-employed entrepreneur or small-scale farmer, number of relevant certificate:					
Particulars of business association managed					
name:					
registered address:					
postal code:		locality:		name of public place:	
type of public place:		building number:	building:	block:	floor:
					door:

3. Information on the pursuit of studies

Particulars of host education establishment

name:

type of education:

☐ secondary education ☐ bachelor training☐ advanced training☐ other training

type of training:

☐ preparatory course☐ basic training**4. Other purpose of stay, specify:**