



**National Directorate-General for
Aliens Policing
Országos Idegenrendészeti
Főigazgatóság**



APPENDIX for an application for a residence permit (Family reunification)

| | | | | | |
|--|--|--|--------------------|--|--|
| 1. Particulars of the applicant's host family member | | | | | |
| surname:: | | | forename: | | |
| surname at birth: | | | forename at birth: | | |
| date of birth: year month day | | place of birth (country, locality): | | | |
| citizenship: | | degree of relationship: <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> person under the guardianship of the applicant <input type="checkbox"/> child or a more distant descendant of the applicant <input type="checkbox"/> other, specifically: | | | |
| If the host family member is a third-country national, the legal title of residence of the host family member is his/her: <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> interim residence card <input type="checkbox"/> EU Blue Card <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> national residence card <input type="checkbox"/> immigration permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> EU residence card <input type="checkbox"/> permanent residence permit <input type="checkbox"/> refugee status | | | | | |
| Document number and date of expiry of the residence permit of the host family member: year month day , | | | | | |
| Document number and date of expiry of the personal identification document of the host family member issued by a Hungarian authority (if (s)he is a holder of such a document): day , year month | | | | | |
| 2. Information about means of subsistence in Hungary | | | | | |
| Who will provide for the means of subsistence of the applicant? <input type="checkbox"/> a family member <input type="checkbox"/> the applicant himself/herself | | amount of savings held available by the family member: | | amount of savings held available by the applicant: | |
| the family member's employer (name, place of establishment (i.e. registered address)): | | | | the family member's gross monthly income: | |
| the applicant's employer (name, place of establishment (i.e. registered address)): | | | | the applicant's gross monthly income: | |

3. Do you plan to enter into an employment relationship during your stay in Hungary?

☐yes ☐no

If yes, please complete and attach/enclose Appendix no. 9.6. or Appendix no. 9.8 or Appendix no. 9.12.

INFORMATION NOTICE

During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.