



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



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

<b>1. Particulars of the applicant's host family member</b>		
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:	
<b>If the host family member is a third-country national, the legal title of residence of the host family member is his/her:</b> <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		
<b>Document number and date of expiry of the residence permit of the host family member:</b> year      month      day                      ,		
<b>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):</b> day                      ,                      year      month		
<b>2. Information about means of subsistence in Hungary</b>		
<b>Who will provide for the means of subsistence of the applicant?</b> <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:
<b>the family member's employer (name, place of establishment (i.e. registered address)):</b> ,		<b>the family member's gross monthly income:</b>
<b>the applicant's employer (name, place of establishment (i.e. registered address)):</b> ,		<b>the applicant's gross monthly income:</b>

**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.*