**RESIDENCE PERMIT FOR THE PURPOSE OF MEDICAL TREATMENT**

**SUBMITTED**

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| **GENERAL ENCLOSURES** | YES | NO |
| Duly filled and signed application form for residence permit and Appendix 9.20 –find it on the website of National Directorate-General for Aliens Policing of Hungary :<http://oif.gov.hu/index.php?option=com_k2&view=item&layout=item&id=2211&Itemid=2437&lang=en>  |  |  |
| Valid passport and the previous (old) passports (at least 2 blank pages in the valid passport are needed and the passport has to be issued within the previous 10 years). The validity period of the valid travel document must have at least three months remaining at the time the authorized duration of residence expires. |  |  |
| Statement undertaking the commitment of voluntary exit if the residence permit will expire |  |  |
| Valid travel insurance |  |  |
| Police Clearance Certificate |  |  |
| Bank statement of the last 6 months |  |  |

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| **DOCUMENTS EVIDENCING THE PURPOSE OF RESIDENCE****(MANDATORY)** | YES | NO |
| Certificate of the institution providing medical treatment |  |  |

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| **DOCUMENTS EVIDENCING SUBSISTENCE**  | YES | NO |
| Bank account balance statement of the applicant or the family member promising applicant's support and/or |  |  |
| A certificate issued by the employer and/or tax authority evidencing regular income received from abroad. |  |  |
| By means of a document to prove the family relationship (if a family member provides financial coverage for a developing-country national for his/her residence in Hungary, this shall be evidenced)  |  |  |
| A document in proof of the ability to provide support from the part of the family member promising support, which may be an income certificate issued by the tax authority for the previous year and/or |  |  |
| A document in proof of the ability to provide support –from the part of the family member promising support, which may be an income certificate issued by the employer and/or |  |  |
| A document in proof of the ability to provide support –from the part of the family member promising support, which may be a bank account balance statement and/or |  |  |
| A certificate issued by the employer and/or tax authority evidencing regular income received from abroad by the person promising support. |  |  |

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| **DOCUMENTS PROVING THE EXISTENCE OF HUNGARIAN ACCOMMODATION** | YES | NO |
| A residential lease contract or |  |  |
| A document on accommodation by courtesy, and the consent of the usufruct beneficiary (if the property is burdened by usufruct) or |  |  |
| A document on accommodation by courtesy, and the consent of the usufruct beneficiary (if the property is burdened by usufruct) or |  |  |
| Documentary evidence to verify the reservation of accommodation and payment or |  |  |
| A notarized statement made by a family member providing the accommodation, promising lodging to the applicant or |  |  |
| A real estate sales contract and a copy of the decision of the competent Budapest or county government agency granting permission for the acquisition of a real estate property. |  |  |

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| **DOCUMENTS EVIDENCING COMPREHENSIVE HEALTHCARE SERVICES** | YES | NO |
| A copy of the social security card issued by Hungarian authorities or |  |  |
| Business health insurance policy allowing access to comprehensive healthcare services and a document in proof of paying the insurance fee or |  |  |
| Bank account balance statement on the coverage for possible healthcare service costs.  |  |  |

***Note:***

* + ***Only original documents are accepted.***
	+ ***Please bring one extra set of Photocopy of all the documents you wish to submit. Also bring full copy of the valid passport.***
	+ ***The Embassy reserves the right to request further documentation.***

Contact of applicant (Tel): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (applicant) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_