

**Utility Assistance Request**

Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How have you been negatively impacted by Covid-19?

* Loss of Job
* Cut Hours
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

Must submit with copies of utility bills - Restrictions Apply

\*Must be a current NuVista FCU member

\*Utility bills must match name and address on our records

**Requests can be submitted via:**

Night drop at both our Gunnison & Montrose branches

Drive up at the Montrose branch during business hours

Emailed to [utilityassistance@nuvista.org](mailto:utilityassistance@nuvista.org)

If you have any questions, please call us at 970-249-8813