

**Monterey County Board of Supervisors**  
**Referral Submittal Form**

**Referral No. 2026.01**

**Assignment Date: 02/03/26**

(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:**

Date: 1/28/2026	<b>Submitted By:</b> Supervisor Kate Daniels	<b>District #:</b> 5
<b>Referral Title:</b> Establish a Local Housing Fund through Special Tax Measure		
<b>Referral Purpose:</b> Explore the feasibility of implementing a local real estate transfer tax on high-value property sales in unincorporated Monterey County to create a local housing fund for home development in relative proximity to those transactions.		

**Brief Referral Description:**

This referral seeks to explore the feasibility and policy considerations of adopting a local real estate transfer tax applicable to the sale of high-value properties, potentially \$10 million and above, located in unincorporated Monterey County. The purpose of the proposed measure is to generate a dedicated revenue source to address critical “missing middle” and workforce housing needs within the County’s unincorporated communities. The analysis should examine a measure for a special tax on transactions above an established threshold for single-family homes.

Revenue generated from such a tax could be used to support a range of “missing middle” or moderate-level housing-related priorities, including but not limited to housing development and redevelopment, workforce housing, additional HCD planning staff, and rental assistance. Monterey County continues to experience significant housing affordability challenges, particularly in the unincorporated areas where high-value real estate transactions are increasingly common.

Several California jurisdictions have adopted similar real estate transfer taxes, including the nearby cities of San Francisco, San José, Oakland, and Santa Cruz. These measures typically apply to property sales above a specified value threshold and may include graduated tax rates. This referral requests an analysis of how comparable measures are structured and how those models could inform a potential Monterey County approach.

Furthermore, staff should review exemptions commonly included in similar measures in other jurisdictions and evaluate which exemptions may be appropriate for Monterey County. These may include exemptions for transfers involving nonprofit organizations, community land trusts, affordable housing developers, or other transactions that advance public-benefit housing goals.

<b>Classification - Implication</b>	<b>Mode of Response</b>		
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo	<input type="checkbox"/> Board Report	<input type="checkbox"/> Presentation
	<b>Requested Response Timeline</b>		
	<input type="checkbox"/> 2 weeks	<input type="checkbox"/> 1 month	<input type="checkbox"/> 6 weeks
	<input type="checkbox"/> Status reports until completed		
	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Specific Date: <u>2/10/2026</u>	

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

Department(s): <b>CAO</b>	Referral Lead: <b>Michael Beaton</b>	Board Date: <b>02/03/26</b>
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO’s Office:**

Department(s):	Referral Lead:	Date:
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:

Analysis Completed By: _____  Date: _____	<b>Department’s Recommended Response Timeline</b> <input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____
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**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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**Note:** Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.